



CITY OF OXFORD

ANNUAL REPORT
of the
MEDICAL OFFICER
OF HEALTH

for the year

1958

2852

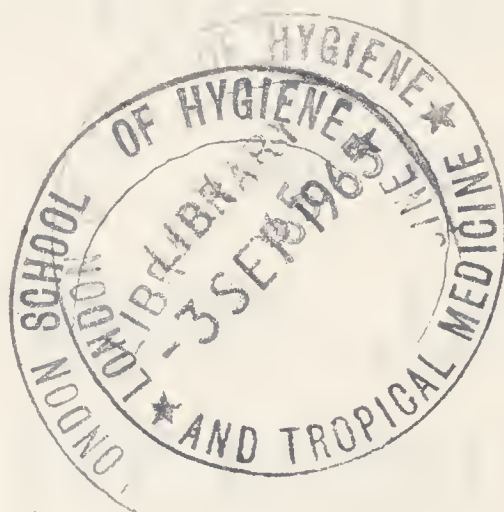



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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my eleventh Annual Report and is compiled along the usual lines in accordance with Ministry of Health Circular 22/58. This circular does, however, ask the Medical Officer of Health to include, this year, a brief general review of the manner in which the local health authority services have functioned during the last ten years within the wider setting of the National Health Service. The review requested will be found immediately after this introductory letter.

The vital statistics do not show any marked changes this year. There is a slight increase in the birthrate, as well as in the percentage of illegitimate births. The infant and neonatal mortality rates and the stillbirth rate all rose slightly, but all three remained below the national level. Once again there was no maternal death. The deathrate was about average for recent years, there being more deaths from diseases of the heart and circulatory system, and from respiratory diseases; with fewer deaths from cancer, violence and diseases of the urinary tract. Lung cancer deaths decreased from 49 to 37 and amongst the latter there were only two female deaths, a further reminder of the very substantial male preponderance of this disease. There were nine deaths from leukaemia, four being over the age of 65. Deaths from infectious diseases were very low indeed, and only two persons died from diabetes.

There was a relatively large increase in the number of patients carried by the ambulance service, but again a decrease in the total mileage. It is of interest that the 57,769 patients carried this year represent nearly twice the number conveyed in 1949, the first full year of the National Health Service. Rather fewer patients were sent by rail, because the carriages on the new diesel trains are unsuitable for stretcher cases.

The Minchery Farm Estate branch surgery opened at the beginning of the year and has functioned to the satisfaction of all concerned. The general practitioners using the surgery have expressed appreciation of the facilities provided and the residents on the estate have responded to the convenience of a branch surgery so readily available. Towards the end of the year arrangements were made for two county health visitors to use the premises as headquarters for two sessions a week. At the end of the year the City Treasurer reported that the total fees received from practitioners and County Council had just covered the running costs.

A contract for the Blackbird Leys Estate health centre has been accepted and it is hoped that this important building will be ready for use at the end of 1959. In the meantime the Housing Committee have allocated a house on the estate to the Health Committee for use as a temporary child welfare clinic and to provide residential accommodation for members of the health department staff working on the estate. These

facilities are already providing a much-needed service on this rapidly developing estate.

The total domiciliary visits paid by health visitors showed a steady increase with the proportion devoted to children under the age of five remaining remarkably steady at about 90%. Visits to expectant mothers showed a considerable increase; these are mainly visits to hospital-booked mothers whose names and addresses are kindly supplied by the two maternity departments.

The full-time attachment of Miss K. J. Hayes to a general practitioner partnership has now entered its third year and has continued to give great satisfaction to all concerned. There can be little doubt that this is an ideal working arrangement for general practitioner and health visitor alike.

Miss J. Barnett, a senior member of the health visiting staff, has been seconded as a field worker for one year to the new Human Population Genetics Research Unit sited in the grounds of the Warneford Hospital.

The understaffed district nursing service had a full year of heavy work as there did not seem to be the usual seasonal reduction in the summer. Once again about two-thirds of the work was concerned with patients over the age of 65. There were very few demands for services to children under the age of five. More nurses now choose to live out and, as a result, there has been a continuing under-occupancy of the residential headquarters at 39/41 Banbury Road. Consideration is being given to the possible amalgamation of the district nurses' home and the midwives' hostel. Both are at present housed in old buildings expensive to maintain and not well situated to serve the city as a whole. A new nursing centre sited east of Magdalen Bridge would be a real asset.

The home help service assisted more cases during the year and the fact that only seven requests had to be refused is a great tribute to the organisers. There was a further increase in the number of cases requiring continuous help throughout the year. These now number 200, of whom eight required continuous daily help. Like the district nursing service the needs of the chronic sick, and the aged and infirm, occupy much of the time of the home helps.

Health education continued as usual throughout the year, but in November the department played an active part in the national campaign organised by the Ministry of Health under the heading "Guard That Fire", the aim being to reduce the number of burning accidents in the home.

The two domiciliary occupational therapists were hard-pressed throughout the year, treating over 100 home-bound patients, of whom rather less than one-third were suffering from tuberculosis. They had little time for work in the Old People's Homes but an additional therapist appointed in May 1959 should relieve the situation.

It was a quiet year for infectious diseases, there being no major outbreak. No case of diphtheria occurred for the ninth successive year.

Only 23 cases of whooping cough were notified, the lowest number ever recorded, which seems to indicate that whooping cough vaccination is beginning to show very worthwhile results. There was only one mild case of poliomyelitis and this occurred in an adult in January. A small outbreak of salmonella typhi-murium infection occurred in the Radcliffe Infirmary in October. Six different wards were involved but the Nuffield Maternity Home was mainly affected.

Tuberculosis notifications totalled 70, a welcome sharp fall to give the lowest figure yet achieved. Dr. Ridehalgh has undertaken a follow-up of the 410 adult cases of respiratory tuberculosis diagnosed in Oxford since 1953, and he reports that no less than 355 are alive and well, with negative sputum and living normal lives. There were only two deaths directly due to tuberculosis and both of these occurred within a month of diagnosis. This is indeed a fine record and emphasises how well this disease responds to modern treatment provided the diagnosis is made sufficiently early.

Dr. Mallam's report on the work of the V.D. Clinic refers to the increasing number of male cases of gonorrhoea, a finding which has also been reported from other centres.

The infant smallpox vaccination rate at 63% is similar to that achieved in recent years and compares most favourably with the national rate of about 43%. No less than 78% of all primary vaccinations were carried out at child welfare clinics. Protection against diphtheria, whooping cough and tetanus continued to be given by means of "triple antigen", and over 80% of all children under three years of age in this City have now been protected against these three diseases, practically all the injections having been given at the child welfare clinics. The poliomyelitis vaccination scheme was extremely active throughout the year. Large quantities of Salk vaccine first became available in May and enabled two injections to be given to practically all registered children, expectant mothers and other priority groups by the end of July. Most of this work was undertaken at local authority clinics or in maintained schools, but general practitioners gave much appreciated help in connection with the independent schools and also later in the year at the colleges. From September onwards the age range was raised to 25, priority groups were extended, and third injections were introduced. Although the older school children were conveniently dealt with at school, it was not so easy to make arrangements for those who had left school. However, with the co-operation of many employers, facilities were provided for many people to receive their injections at their place of work. Drs. Reynard and White were most helpful in connection with the arrangements at the Pressed Steel Co. and Morris Motors Ltd. By the end of the year, over 1,500 persons had received three injections, nearly 25,000 had had two injections, and more than 1,500 one injection, and only 240 remained on the waiting list. These figures represent a most successful campaign involving

the giving of over 55,000 injections and resulting in the protection of more than 80% of children under the age of 15.

Close co-operation between the family doctor and the midwife has for long been a feature of the domiciliary midwifery service in Oxford. Every mother booked with a city midwife also books with a general medical practitioner. One important result is that most general practitioners are now undertaking the full antenatal care of their patients and, therefore, the city antenatal clinics are being used much less for this purpose. On the other hand, mothers find it convenient to go to the city clinics for the full range of their antenatal blood tests, as well as for poliomyelitis vaccination. The number of domiciliary deliveries increased and more doctors (26%) were present at the birth. Antenatal visits by the midwife averaged 13.8 per mother; 94% of mothers had gas and air analgesia and 80% had a postnatal examination. As in previous years there was a full investigation of all perinatal deaths (stillbirths and deaths in the first week of life), in connection with the domiciliary midwifery service. There were ten such deaths and after investigation, including a postmortem, the conclusion was reached that eight were entirely unavoidable in the present state of knowledge. In the remaining two cases, there appeared to be no failure of antenatal care, no unwise selection for domiciliary confinement, and no failure of the midwife to take appropriate action. Each midwife is equipped with a portable "Sparklet apparatus" for the administration of intragastric oxygen. This was used for the resuscitation of asphyxiated newborn babies on seven occasions during the year. Dr. Mary Fisher estimates that on two occasions the use of this apparatus was life-saving, in three instances it was very helpful, whilst in the remaining two cases there was no hope whatsoever of saving the baby. During the year the National Birthday Trust Fund, with the support of several other bodies, launched a nation-wide investigation into the causes of perinatal deaths, and the critical comments made by Dr. Mary Fisher as a result of her experience in the detailed checking of 96 questionnaire forms completed by midwives will need to be borne in mind when the results of this survey are published.

This is the twenty-fifth year since the commencement of the weekly birth control clinic held at the Radcliffe Infirmary for patients in need of advice on medical grounds. Those who have studied the reports of the work of this clinic year by year can have little doubt as to its value in the prevention of physical and mental illhealth, marital disharmony and child neglect.

The child welfare clinics were attended by 92% of children under the age of one. The total attendances were increased very substantially by reason of the poliomyelitis vaccination scheme. The clinic doctors, health visitors and voluntary workers shouldered this additional work with great willingness and between them performed an outstanding service. For the second year running the routine birthday tuberculin tests failed to reveal

a single true positive reaction. If this experience is repeated in 1959, then the conclusion must be reached that this preventive measure is just not worthwhile in an area where the incidence of tuberculosis is so low.

The Mental Health Bill was published in December and followed closely the recommendations of the Royal Commission. Increased emphasis is placed on community care by local health authorities, and the attitude of the public in this connection is all-important. If mental ill-health can be accepted in the same way as physical sickness, then the success of the new legislation should be largely assured. During the year the department continued to enjoy the much valued co-operation of the staffs at Littlemore, and the Warneford and Park Hospitals, and such collaboration will be even more important in the future when planning the new services. Dr. R. W. Armstrong retired from the post of Physician Superintendent, Littlemore Hospital, at the end of October and grateful thanks are due to him for all the help and advice he gave to the health department throughout his 22 years in Oxford. Rather fewer patients were admitted to the mental hospitals during the year and a most satisfactory feature is that less than 3% were certified on admission.

A new classroom was added to the occupation centre primarily for the use of the older boys in connection with their training in woodwork and handicrafts. Mr. McKay, the much valued teacher of these subjects, retired with the best wishes of his colleagues after 22 years' service.

The year was one of extreme difficulty in connection with the pressure on accommodation at Old People's Homes. However, Townsend House was eventually opened at the beginning of 1959 and Shotover View should be ready in June, and these two new 60 bedded Homes fitted with lifts, handrails, specially adapted toilets and bathrooms, facilities for wheel-chairs, etc., will greatly relieve the present situation. It should, however, be borne in mind that 97% of all persons of pensionable age remain in their own homes, a fact which underlines the importance of the domiciliary services and in this respect increasing help has been given by district nurses, home helps, welfare officers, health visitors and members of various voluntary bodies. Structural alterations can occasionally be undertaken to assist in the care of an old person in his own home. The Meals on Wheels service has been improved, the laundry service for incontinent cases and the chiropody service run by the Oxford Council of Social Service in conjunction with old people's clubs are other most important ancillary services. In addition home-bound patients can be transported if necessary to one or other of the Old People's Homes for chiropody or bathing. Whenever possible, arrangements are made for the short-term admission of patients to Old People's Homes in order to relieve hardworked relatives during holidays or times of domestic crisis, and the new Homes should make it possible to extend this very useful service. Co-operation with Cowley Road Hospital has been close and cordial, and this is very essential as no less than 10% of those under supervision by the welfare section

received inpatient, outpatient or day hospital treatment at Cowley Road Hospital during the year.

The provision of temporary accommodation has continued to place a very heavy burden on the welfare officers who have been called upon to deal with no fewer than 170 requests during the year, about half of these being outside ordinary office hours and many during the night. In most cases it was possible to find an alternative solution to the problem, but 27 families had to be admitted to The Laurels, 13 for one night only. It was not necessary to deal with any case of eviction under the Rent Act.

The conversion of the Red Barn into a sheltered workshop has been completed and the blind workers have moved there. Other handicapped workers will, it is hoped, soon join them. The provision of a new shop for the sale of goods made by handicapped persons will be carried out in the same building during 1959.

In connection with environmental hygiene, particular attention has been paid during the year to the problems of clean air, clean food, slaughterhouses, and slum clearance. The central smoke control area came into operation on the 1st November, and includes residential, university and commercial premises; offices, churches, and ten colleges. Owners and occupiers co-operated well and the expenditure in connection with the conversion of fireplaces has so far been very small indeed. The Blackbird Leys smoke control area has been confirmed and will become operative on the 1st June, 1959. Apart from the two smoke control areas, there has generally been increasing interest in the burning of smokeless fuels, the demand for which continued to increase giving rise to periods of short supply. Better quality gas coke is becoming available. The bye-law relating to the installation of approved appliances in all new buildings is now in operation throughout the city. The public have become much more smoke conscious and managements are co-operating better towards the prevention of smoke nuisance.

The clean food campaign has continued energetically and makes slow but sure progress. The results of samples of milk and ice cream have been consistently good and these two products now cause little concern. There is 100% meat inspection in this City and with the co-operation of the two slaughterhouse firms and the butchers, the necessary inspections have been carried out almost entirely during ordinary office hours. The Eastwyke Farm premises are below the standards laid down by the new slaughterhouse regulations and early action will be required to bring them up to modern standards.

The slum clearance of St. Ebbe's has progressed slowly. Applications for certificates of disrepair under the Rent Act, 1957, were again surprisingly small in number.

Responsibility for the ambulance and welfare sections of the Civil Defence Corps continued to occupy the time of some members of the staff of the health department.

Dr. Elizabeth Coulter rejoined the staff in July after attending the full-time course of instruction at the London School of Hygiene. She obtained the Diploma in Public Health with honours, and was awarded the Chadwick Gold Medal and Prize for the best student of the year, as well as receiving the Newsholme Prize. Shortly after her return she was promoted to a newly created post of senior assistant medical officer of health with particular responsibility for the poliomyelitis vaccination scheme. At the end of the year, Dr. W. J. Wigfield left on his promotion to the post of senior assistant medical officer of health, Middlesbrough. He and Dr. Mary Wigfield take with them the very best wishes of their colleagues. Mrs. D. Weller, superintendent health visitor and superintendent school nurse for the last 14 years, retired at the end of the year. This period has seen substantial changes in the health visiting field and Mrs. Weller has kept a watchful and motherly eye over the work of the staff under her jurisdiction. A very happy farewell party provided an occasion for expressions of appreciation and best wishes for her future.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and able support I have received from all members of my staff throughout the year.

Finally, I should like most sincerely to thank the Chairman and all Members of the Health Committee for the encouragement and kindly consideration extended to me and to members of my staff throughout the course of another busy year.

Yours faithfully,
J. F. WARIN,
Medical Officer of Health.

TEN YEAR REVIEW OF THE RELATIONSHIP BETWEEN THE LOCAL AUTHORITY HEALTH AND WELFARE SERVICES AND THE OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE.

This review, which must necessarily be brief, has been prepared at the request of the Minister of Health in accordance with Circular 22/58. It can perhaps best be made in the form of a synopsis outlining the many and varied links between the local authority and the hospital, general practitioner and voluntary services in the City, between whom there is the closest and most cordial relationship.

1. THE LOCAL AUTHORITY AND THE HOSPITAL AND SPECIALIST SERVICES

(A) The United Oxford Hospitals

(i) The Medical Officer of Health holds a part-time appointment as Consultant in Infectious Diseases with clinical charge of 36 beds at the Slade Hospital. He has been appointed Clinical Lecturer in Infectious Diseases by the University of Oxford and is responsible for the teaching of medical students in infectious diseases and in public health. The Deputy Medical Officer of Health undertakes these consultant and teaching responsibilities in the absence of the Medical Officer of Health. The Senior Assistant Medical Officer for Maternity and Child Welfare also has teaching responsibilities for medical students. All the other medical staff of the Health Department are linked closely with the paediatric and infectious diseases departments.

(ii) The Medical Officer of Health and his Deputy are both members of the Medical Staff Council and of the Physicians Sub-Committee. The Medical Officer of Health is also a member of the Health and Hygiene Committee (a sub-committee of the medical staff council) which deals not only with hospital infections but, as its name implies, with a very much wider range of health matters, throughout the United Oxford Hospitals. Recently a Radiological Hazards Committee has been set up and the Medical Officer of Health is a member of this.

(iii) Health visitors are closely linked with the hospitals in many ways. A regular weekly visit is made to the two maternity departments, a health visitor attends paediatric outpatients and others attend the special asthma and diabetic clinics. Two health visitors are allocated full-time to the Chest Clinic and another keeps in close touch with the V.D. Clinic.

(iv) The Health Department works closely with the hospital almoner service and part-time payment is made towards the salaries of the almoners attached to the Chest and V.D. Clinics.

(v) The Senior Consultant Chest Physician holds a part-time appointment with the City Council. There is a close working arrangement with many other consultants including

- (a) the eye surgeons—certification of blind and partially-sighted persons and refraction of school children;
- (b) otolaryngologists—deafness in adults and school children;
- (c) obstetricians—close link with domiciliary maternity service, the provision of the “flying squad”, and the provision of domiciliary cases for medical students and Part II pupil midwives;
- (d) paediatricians—close link with child welfare service, follow-up of children discharged from hospital, particularly premature babies;
- (e) physicians in charge of the V.D., dermatological, physical medicine, accident and dental departments.

The Health Department has worked closely with the developing geriatric services at Cowley Road Hospital which include a day hospital and a half-way home.

The hospital bacteriologist who is also director of the local public health laboratory has on many occasions collaborated in the investigation of infectious disease problems.

(vi) The Ambulance Service has been developed in the closest co-operation with the hospital service. Radio control was introduced at an early stage. A new ambulance depot has been provided at the Churchill Hospital. The hospitals were one of the first in the country to provide a special ambulance officer with headquarters at the Radcliffe Infirmary.

(B) The Oxford Regional Hospital Board

(i) Medical Advisory Committee

(a) The Medical Officer of Health is a member of the following sub-committees—Medicine, Midwifery, Otolaryngological, and Radiological Hazards.

(b) The Senior Assistant Medical Officer for Maternity and Child Welfare is a member of the Paediatric Sub-Committee.

(c) There is a very active Medical Officers' of Health Liaison Committee of which the Medical Officer of Health has recently been Chairman for three years.

(ii) Hospital Management Committees

(a) *Warneford and Park Hospitals.* The Medical Officer of Health is a member of the Management Committee.

The Senior Psychiatrist and the Consultant Child Psychiatrist are together responsible for the medical direction of the City and County Child Guidance Clinic services.

A very close liaison has developed between the local authority doctors, mental health officers and health visitors, and all members of the staff of the Warneford and Park Hospitals.

(b) *Littlemore Hospital.* The Deputy Medical Officer of Health is a member of the Management Committee and here also a close liaison has developed between the staff of the Health Department and the staff of the hospital.

(c) *Nuffield Orthopaedic Centre.* The Medical Officer of Health is a

member of the Medical Staff Committee. A hospital school is provided by the local education authority.

(iii) *Mass Radiography*

Two regional mass radiography units have visited the City every third year and on each occasion about one-third of the population have been examined.

2. THE LOCAL AUTHORITY AND THE GENERAL PRACTITIONER SERVICES

It is accepted that the general practitioner should be the leader of the domiciliary team and every effort has been made to facilitate this.

(a) The Medical Officer of Health is a member of the Local Medical and Local Obstetric Committees and has found both to be most valuable in furthering good relationships.

(b) An early opportunity was taken to provide branch surgery facilities for medical practitioners within a new child welfare clinic on a new housing estate. The Housing Committee later provided a new building for branch surgery purposes, as part of the essential amenities on another new housing estate, and these developments paved the way for the present provision of a small health centre on the latest and largest of the City housing estates.

(c) Every effort has been made to link up general practitioners and health visitors. Individual health visitors have been allocated to individual doctors and in one instance it has been possible to allocate a health visitor full-time to a partnership of three practitioners.

(d) The district nursing service (now provided directly by the City Council) and the home helps service (well developed before 1948) are both playing an important part in enabling patients to be looked after at home.

The mental health and welfare sections of the Health Department are also in close touch with family doctors and are doing a great deal to help people in their own homes.

The welfare services are provided within the Health Department and this has proved to be a most advantageous arrangement. So many of the services needed by the aged and infirm and handicapped persons are already to be found within the Health Department, making liaison very easy.

A domiciliary occupational therapy service for home bound patients has been developed; a new occupation centre building has been provided for mental defectives, and sheltered workshops for the blind and other handicapped persons provided in a newly adapted building are just coming into operation. One new Old People's Home has been opened and others are being built.

(e) The domiciliary maternity services are completely integrated and all mothers making arrangements for a home confinement, book both a midwife and a doctor. Seven partnerships now each hold their own ante-natal clinic attended by city midwives.

(f) The control of infectious diseases requires close collaboration between the health department and all the local medical practitioners and this has been enjoyed to the full. Interesting outbreaks which have been investigated jointly have included Bornholm disease, glandular fever, infective hepatitis, and non-bacterial meningitis.

There has been very good co-operation in connection with all the various immunisation and vaccination schemes, including particularly the recent poliomyelitis vaccination campaign.

(g) Various aspects of environmental hygiene occasionally involve the family doctor and there has been effective liaison between all doctors and the public health inspectors.

3. THE LOCAL AUTHORITY AND VOLUNTARY BODIES

Much voluntary work closely connected with the work of the health department is undertaken in Oxford and long may this remain so. The following examples are given:—

(a) There is a long tradition of voluntary work at all the city child welfare clinics, and the voluntary workers in addition to carrying out much essential work have played their part in making these clinics so attractive that over 90% of all newborn babies attend.

(b) The British Red Cross Society provide a voluntary Old People's Home, a meals on wheels service, a medical loan depot, a club for crippled persons, and a weekly creche. The local authority is closely associated with all these activities.

(c) The St. John Ambulance Brigade run the combined City and County Ambulance Service.

(d) The Women's Voluntary Service provides a meals on wheels service in close collaboration with the City Council.

(e) The Oxford Council of Social Service have their main office headquarters very conveniently sited within the welfare section of the Health Department. They run a voluntary Old People's Home, and have been most active in developing an excellent chiropody service organised at ten old people's clubs in the City. They give considerable help with the domiciliary care of old people.

(f) Three voluntary bodies connected with the deaf, namely, the Oxford Diocesan Council for the Deaf, Oxford and District Association for Parents of the Deaf, and the Hard of Hearing Social Club, all recently combined to pioneer a new deaf centre. The local authority works very closely with all these bodies and contributes to the funds of each.

(g) The Oxford City and County Society for the Blind, and the Oxford and District Social Club of the Blind, both provide welcome help for the blind and both work in close association with the local authority.

(h) Other local bodies concerned with specific health functions are the Oxford Voluntary Tuberculosis Care Committee, the Oxford City Moral Welfare Association, the Oxford and District Branch of the British Diabetic Association, the Oxford Voluntary Association for Mental Health, Parents' Association of children attending the occupation centre,

the Oxfordshire Spastics Welfare Society, and the Oxford District Nurses' Charity responsible for running a domiciliary physiotherapy service, and the Health Department is very closely connected with all these organisations.

(i) Support is also given to various national bodies, such as the Central Council for Health Education, the Chest and Heart Association, the Clean Air Society, the National Association for Maternity and Child Welfare, the National Association for Mental Health, and the British Epilepsy Association.

SUMMARY

It is fair to say that in this area the "tripartite" health service is functioning as a whole and is very strongly supported by voluntary effort.

SECTION I

COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.

Vice-Chairman: Alderman WARRELL.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	GLAZER, M.B., B.S.
,,	BROMLEY.	,,	HUGHES.
,,	Mrs. E. GIBBS.	,,	LEWIS.
,,	KINCHIN.	,,	MEADOWS.
,,	Mrs. PRICHARD, O.B.E., M.A., J.P.	,,	NIMMO.
,,	ROBERTS.	,,	Mrs. PACKFORD.
Councillor	CONSTABLE, B.Sc., M.A.	,,	Miss SPOKES, M.A.
,,	FERGUSON.	,,	Mrs. WATSON.
Mrs. M. HOUGHTON } representing the Oxford County and City Executive Council.			
Mrs. O. PHIPPS }			
Mr. J. G. ROBINSON, representing the United Oxford Hospitals.			

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Vice-Chairman: Councillor Mrs. PACKFORD.

Alderman	Mrs. Andrews, M.B.E.	Councillor	GLAZER, M.B., B.S.
,,	Mrs. E. GIBBS.	,,	MEADOWS.
,,	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	,,	Mrs. M. HOUGHTON.
,,	WARRELL.		
	Mrs. H. C. BROWN, J.P.	} co-opted.	
	Mrs. A. CAMPBELL		
	Mrs. E. COATE		
	Mrs. M. DEAN		

MATERNITY FINANCE SECTION

Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Vice-Chairman: Councillor Mrs. PACKFORD.

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Mrs. M. Dean.
,,	Mrs. E. GIBBS.	

MOTHER AND BABY HOSTEL HOUSE SECTION

Chairman: Mrs. M. DEAN.

Vice-Chairman: Councillor Mrs. PACKFORD.

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Mrs. A. CAMPBELL.
,,	Mrs. PRICHARD, O.B.E., M.A., J.P.	Mrs. E. COATE.

MENTAL HEALTH SUB-COMMITTEE

Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Vice-Chairman: Alderman WARRELL.

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Councillor	NIMMO.
Councillor	CONSTABLE, B.Sc., M.A.	,,	Mrs. PACKFORD.
,,	HUGHES.		Mrs. M. HOUGHTON.
,,	MEADOWS.		
	Mrs. H. C. BROWN, J.P., co-opted.		

WELFARE SERVICES SUB-COMMITTEE*Chairman:* Councillor MEADOWS.*Vice-Chairman:* Alderman ROBERTS.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	FERGUSON.
„	BROMLEY.	„	LEWIS.
„	Mrs. E. GIBBS.	„	Mrs. PACKFORD.
„	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	„	Miss SPOKES, M.A.
„	KINCHIN.	„	Mrs. WATSON.
„	WARRELL.		Mr. J. G. ROBINSON.

WELFARE SERVICES HOUSE SECTION*Chairman:* Alderman ROBERTS.*Vice-Chairman:* Alderman Mrs. ANDREWS, M.B.E.

All members of the Welfare Services Sub-Committee.

GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity, Child Welfare and Home Services, Mental Health and Welfare Services Sub-Committees, *ex-officio*, together with Aldermen Mrs. ANDREWS, M.B.E., and Mrs. E. GIBBS.

Representatives on Joint Ambulance Committee:

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Alderman	WARRELL.
„	Mrs. E. GIBBS.		

Representatives on Oxford Voluntary Tuberculosis Care Committee:

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Councillor	MEADOWS.
Councillor	HUGHES.	„	Mrs. PACKFORD.

HOUSING COMMITTEE*Chairman:* Councillor INGRAM.*Vice-Chairman:* Councillor CONNERS.

Alderman	Mrs. GOULTON-CONSTABLE.	Councillor	FAGG.
„	Lady TOWNSEND, J.P.	„	KEITH-LUCAS, M.A.
Councillor	CHAPLIN.	„	MAGEE.
„	CHESTER, C.B.E., M.A.	„	MARSH.
„	CONE.	„	Mrs. THOMPSON, M.A.

HEALTH DEPARTMENT STAFF

Medical Officer of Health:

J. F. WARIN, M.D., D.P.H.

Deputy Medical Officer of Health:

G. F. WILLSON, M.D., D.P.H.

Senior Assistant Medical Officers of Health:

M. FISHER, B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H. (Maternity and Child Welfare).

E. J. COULTER, M.B., Ch.B., D.P.H., D.C.H. (From September 1958).

Assistant Medical Officers of Health:

E. J. COULTER, M.B., Ch.B., D.P.H., D.C.H. (Transferred to Senior Assistant Medical Officer of Health, September 1958).

S. R. FINE, M.B., Ch.B., D.P.H., D.C.H.

P. K. SYLVESTER, M.B., B.S., D.P.H., D.C.H., D.R.C.O.G.

W. J. WIGFIELD, M.B., B.Ch., D.P.H.

D. IRONSIDE, M.B., Ch.B., D.P.H. (Part-time).

M. STEWART, M.B., M.R.C.S., L.R.C.P. (Part-time). (Ceased 30.9.58).

Consultant Tuberculosis Officer: (part-time)

F. RIDEHALGH, M.D., F.R.C.P.

Principal Dental Officer:

C. H. I. MILLAR, B.Sc., L.D.S.

Assistant Dental Officer:

Vacant.

Dental Attendant:

Miss B. ROGERS. (Transferred to School Health Section, December 1958).

Chief Public Health Inspector:

W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (a) (b) (c) (d) .

Deputy Chief Public Health Inspector:

E. EDLINGTON (a) (b) (d).

District Public Health Inspectors:

K. ENGLAND (a) (b).

K. O. KEIGHLEY (a) (b).

D. G. LORD (f). (From 28.7.58).

J. P. MULLARD (a).

A. F. PAVEY (a) (b).

J. G. SCOTT (a) (b) (e).

D. WATSON (a) (b) (d).

Pupil Public Health Inspectors: 2.

(a) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.

(b) Meat and Food Inspector's Certificate, Royal Society of Health.

(c) Sanitary Science Certificate, Royal Society of Health.

(d) Smoke Inspector's Certificate, Royal Society of Health.

(e) Testamur of Institute Public Cleansing.

(f) Public Health Inspector's Certificate, Royal Society of Health.

Disinfector: 1. Outside Public Health Assistants: 5.

Superintendent Health Visitor:

Mrs. D. WELLER (a) (b) (c) (d). (Ceased 25.12.58).

Health Visitors:

Miss J. BARNETT (a) (b) (c).
 Miss K. BAYLIS (b) (c). (Ceased 31.12.58).
 Miss D. BREE (a) (b) (c).
 Miss M. BROWN (a) (b) (c) (e).
 Miss S. J. BURTON (a) (b) (c). (Ceased 26.10.58).
 Miss N. CROOKALL (b) (c).
 Miss G. DAVIES (a) (b) (c).
 Mrs. I. EAGLE (a) (b) (c).
 Miss B. M. GUY (a) (b) (c).
 Miss K. J. HAYES (a) (b) (c).
 Miss G. M. LAWRENCE (a) (b) (c).
 Miss E. M. MACQUEEN (a) (b) (c).
 Miss E. M. MAYLAM (a) (b) (c).
 Miss B. P. O'FLANAGAN (a) (b) (c). (Commenced 7.9.58).
 Mrs. B. M. POPHAM (b) (c). (Ceased 30.11.58).
 Miss D. PYLE (a) (c).
 Miss H. RANKIN (a) (b) (c). (Commenced 7.9.58).
 Miss M. SALMON (b) (c).
 Miss H. SPICKERNELL (a) (b) (c).

Students: 2 1st year, 3 2nd year.

Health Visitor/District Nurse:

Miss M. BROWN (a) (b) (c) (e). (Transferred to health visitor's duty).

Non-Medical Supervisor of Midwives:

Miss P. V. NEEDHAM (a) (b).

Midwives:

Miss M. C. R. FISHER (a) (b).
 Mrs. A. E. GODFREY (a).
 Miss J. N. HOARE (a) (b). (Ceased 4.4.58).
 Miss D. INNESS (a) (b).
 Miss P. MILLAR (a) (b).
 Miss M. R. POWELL (a) (b). (Commenced 15.5.58).
 Miss M. E. VINER (a) (b).

Superintendent, District Nurses:

Miss H. LONGHURST (a) (b) (c) (e).

Assistant Superintendent, District Nurses:

Miss E. M. WATKINS (b) (c) (e) (g).

District Nurses:

Mrs. E. M. ANDERSON (a) (b) (e). (Ceased 31.3.58).
 Miss G. DAY (a) (b) (e). (Ceased 11.4.58).
 Miss N. DREWE (a) (b) (e).
 Miss B. M. FORSTER (a) (b) (e).
 Miss J. L. FULLER (a) (b) (e).
 Miss D. KING (a) (b) (e).
 Miss H. MASSEY (b) (e).
 Mrs. E. MOBEY (a) (b) (e).
 Miss B. MOSS (b) (e).
 Miss G. PUGH (b) (e).
 Mrs. R. QUIGLEY (b).

Mrs. H. ROBERTSON (a) (b). (Commenced 22.9.58). (Temporary).
 Miss M. E. TINGLEY (a) (b) (e).
 Miss W. WILSON (a) (b) (e).
 Mrs. F. WOODFORD (a) (b) (e). (Ceased 19.1.58).
 Miss A. E. WRIGHT (a) (b) (e).
 Mrs. L. HIGGINSON (b) (e). (Part-time).
 Mrs. C. BARKER, Nursing Orderly.

Student District Nurses: 4.

Mother and Baby Hostel:

Mrs. B. HUMPHRIES (a) (b), Matron.
 Miss F. BOLTON, C.N.N., Deputy Matron.

Nurseries:

Botley Road Day Nursery:

Miss G. M. NIXEY, C.N.N., Matron.
 Miss G. M. THOMAS, C.N.N., Deputy Matron.
 2 Nursery Nurses.
 3 Nursery Students.

Florence Park Day Nursery:

Mrs. E. PEARCE (a) (b), Matron.
 Miss M. G. HARRIS, C.N.N., Deputy Matron.
 2 Nursery Nurses.
 3 Nursery Students.

Home Help Service:

Miss P. E. URBAN-SMITH, Organiser.
 Miss M. O. WALLIS, Assistant Organiser. (Ceased 29.11.58).

Occupational Therapists:

Miss E. M. TARGETT, M.A.O.T.
 Miss L. A. OGBOURN, M.A.O.T. (Ceased 5.1.58).
 Miss J. A. GOULD, Dip.O.T. (Rand, S.A.). (Commenced 21.4.58).

Almoners:

Mrs. D. HICKS (Tuberculosis). (Part-time).
 Miss A. JACKSON (Venereal Diseases). (Part-time).
 Miss E. NEVILLE (Blind Welfare). (Part-time). (Ceased 8.2.58).

Mental Health:

A. ROBERTSON, Senior Mental Health Officer.
 D. A. PURRETT, Mental Health Officer.
 Miss E. GILBERTSON (a) (b) (c), Mental Health Officer.

Occupation Centre:

Miss O. WARBURTON, Supervisor.
 5 Assistant Supervisors.

Welfare Services:

J. C. DAVENPORT, Chief Welfare Services Officer.
 J. HADFIELD, Senior Assistant Welfare Services Officer.
 J. CLARKE, Assistant Welfare Services Officer.
 Miss E. M. REEVES (a) (b) (f), Assistant Welfare Services Officer.
 Mrs. E. E. DEAN, Home Teacher to the Blind.
 Miss J. BARON, Home Teacher to the Blind. (Commenced 1.6.58).
 E. HILLS, Supervisor, Blind Workshop.
 N. BOWLEY, Manager, Retail Shop.

The Laurels:

R. G. ANDERSON, M.B., Ch.B., Medical Officer. (Part-time).
 Miss E. SAMPSON, M.B.E. (b), Matron.
 Mrs. L. TEMPLETON (b), Deputy Matron.
 V. C. FERRIMAN, Senior Male Officer.
 Miss B. SINGLETON, Chiropodist. (Part-time).

Frilford House:

J. CHERRY, M.B., B.S., Medical Officer. (Part-time).
 Miss M. E. JONES (b), Matron.
 Miss K. A. GURNETT, Senior Assistant.

Barton End:

Mrs. J. GRANT (b), Matron. (Ceased 31.5.58).
 Mrs. N. K. DIXIE (b), Matron. (Commenced 15.6.58).
 (a) State Certified Midwife.
 (b) State Registered Nurse.
 (c) Health Visitors' Certificate, Royal Society of Health.
 (d) State Registered Fever Nurse.
 (e) Queen's Nurse.
 (f) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.
 (g) State Registered Mental Nurse.

Administrative:

H. G. ANNELY, Chief Administrative Assistant.
 T. D. THOMSON, Senior Administrative Assistant.
 J. BALDWIN, Senior Clerical Assistant, Welfare Section. (Ceased 29.9.58).
 R. J. CRANE, Senior Clerical Assistant, Welfare Section. (Commenced 10.11.58).
 L. W. PEARMAN, Senior Clerical Assistant, Public Health Inspectors' Section.
 Miss J. R. ROGERS, Medical Officer of Health's Secretary.
 Vacant, Chief Public Health Inspector's Secretary.
 Mrs. P. M. BETT, Clerical Assistant, Mental Health.
 W. J. GIBBS, Clerical Assistant.
 Miss H. M. MITCHELL, Clerical Assistant, Maternity, Child Welfare, and Infectious Diseases.
 Miss J. W. TAYLOR, Clerical Assistant, District Nurses. (Ceased 20.4.58).
 Miss M. E. WOOD, Clerical Assistant, District Nurses. (Commenced 29.5.58).
 4 Shorthand Typists.
 15 Clerks, General Division.

Civil Defence:

D. E. BRADBERRY, Instructor and Organiser, Welfare Section.

OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		Telephone No.
Main Office	Greyfriars, Paradise Street	Oxford 47212
Mental Health:	} 24 Church Street, St. Ebbe's	,, ,,
Immunisation and Vaccination		
Welfare Foods:		
Health Visitors:	3 Castle Terrace, St. Ebbe's	,, ,,
District Nurses, Main Home:	39/41 Banbury Road	,, 57721
Branch Homes:	23 Holloway, Cowley	,, 77382
	79 St. Leonard's Road, Headington	,, 62321
Midwives' Hostel:	82/4 Abingdon Road	,, 47985
Home Help Organiser:	29/31 George Street	,, 47977
Public Health Inspectors Office	36 Pembroke Street, St. Aldate's	,, 49671

CLINICS

1. *Antenatal*
 Bury Knowle, Old High Street, Headington.
 East Oxford Centre, Cowley Road
 School Medical Room, 60 St. Aldate's.
 Friday 9.30 a.m.
 Tuesday 9.30 a.m.
 Thursday 9.30 a.m.
2. *Child Welfare*
 Alexandra Court Clinic, Woodstock Road.
 Blackbird Leys Centre, Cowley.
 Bury Knowle, Old High Street, Headington.
 Church Hall, Main Road, New Marston.
 Church Room, Canning Crescent.
 Clinic Premises, 14 Church Street, St. Ebbe's
 Community Centre, Barton, Headington.
 Community Centre, Cowley.
 Community Centre, Rose Hill.
 Donnington School, Henley Avenue.
 East Oxford Centre, Cowley Road.
 G.F.S. Haigh Hut, 48 Woodstock Road.
 Northway Clinic, Marston.
 Slade Park Clinic, Cowley.
 Village Hall, Wolvercote.
 Wednesday 2—4 p.m.
 Thursday 2—4 p.m.
 Tuesday 2—4 p.m.
 Thursday 2—4 p.m.
 Wednesday 2—4 p.m.
 Thursday 2—4 p.m.
 Tuesday 2—4 p.m.
 Monday 2—4 p.m.
 Friday 2—4 p.m.
 Wednesday 2—4 p.m.
 Monday 2—4 p.m.
 Friday 2—4 p.m.
 Thursday 2—4 p.m.
 Tuesday 2—4 p.m.
 Wednesday 2—4 p.m.
 Thursday 2—4 p.m.
3. *Immunisation and Vaccination*
 School Medical Room, 60 St. Aldate's.
 (Also on application at Child Welfare Clinics).
 Saturday 10 a.m.
4. *Dental*
 Alexandra Court Clinic, Woodstock Road.
 Donnington School, Henley Avenue.
 East Oxford Centre, Cowley Road.
 Margaret Road Clinic, Headington.
 60 St. Aldate's.
 By appointment.

SECTION II

STATISTICS

SUMMARY

Area of City	8,785 acres
Population (estimated mid-year 1958)	104,100
Number of inhabited houses at 31.3.58)	27,740
Rateable value of City at 31.3.58	£1,976,168
Product of a penny rate for 1957/58	£7,537
Total cost of all health services 1957/58:—	

	<i>Gross</i>	<i>Net</i>
	£	£
Public Health Services	22,638	20,988
National Health Service Act, 1946	164,383	65,965
National Assistance Act, 1948	94,857	66,426
Totals	£281,878	£153,379

	<i>City of Oxford</i>		<i>England and Wales</i>
	1958	<i>Average</i> 1948-57	1958
Live births.. .. .	1,433		738,323
Live birth rate (per 1000 population) (Recorded)	13.76	14.30	
Live birth rate (per 1000 population) (as adjusted by comparability factor 0.97)	13.34		16.4
Stillbirths	32		16,274
Stillbirth rate (per 1000 live and stillbirths)	21.84	15.25	21.6
Total live and stillbirths	1,465		754,597
Infant deaths	30		16,620
Infant mortality rate (per 1000 live births —total)	20.93	21.48	22.5
Infant mortality rate (per 1000 live births —legitimate)	22.04	21.12	
Infant mortality rate (per 1000 live births —illegitimate)	8.55	28.21	
Neonatal mortality rate (per 1000 live births) (first four weeks)	16.05	15.00	16.2
Illegitimate live births (per cent of total live births)	8.16	7.22	
Maternal deaths (including abortion) ..	—		326

	<i>City of Oxford</i>		<i>England and Wales</i> 1958
	1958	<i>Average</i> 1948-57	
Maternal mortality rate (per 1000 live and stillbirths)	—	0.37	0.43
Death rate (per 1000 population) (Recorded)	10.15	9.70	
Death rate (per 1000 population) (as adjusted by comparability factor 0.95)	9.64		11.7
Death rate (per 1000 population) from:—			
(a) Diseases of the heart and circulatory system	3.76	3.47	
(b) Cancer (all forms)	1.69	1.74	2.12
(c) Pneumonia, bronchitis and other diseases of the respiratory tract ..	1.34	1.02	
(d) Tuberculosis (all forms)	0.06	0.12	0.10
(e) Violence (including suicides) ..	0.40	0.41	

BIRTHS

Total registered live births:—

Male	1630
Female	1540
	—
	3170
	==

(Illegitimate .. 174)

Of the 3,170 births registered, 1,414 were Oxford residents and 19 births to Oxford residents occurred outside the City, making a total of 1,433 births allocated to the City. Of these 1,316 were legitimate (685 male, 631 female) and 117 were illegitimate (59 male, 58 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) According to Notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	549	2	—	—
Notified by independent midwife	1	—	—	—
Notified by General Practitioners	1	—	—	—
Notified by Nuffield Maternity Home ..	434	16	1131	41
Notified by Churchill Hospital	433	14	633	11
Notified by Slade Hospital	1	—	—	—
	1419	32	1764	52

(b) According to Place of Birth (Registered Births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	446	16	1125	40
Born in Churchill Hospital	433	14	624	12
Born in Slade Hospital	1	—	—	—
Born in private houses	534	1	7	—
	1414	31	1756	52

BIRTHS AND DEATHS IN THE CITY, 1914—1958

Popula- tion estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
	Uncor- rected No.	Nett				of Non- residents registered in the District	of Resi- dents not registered in the District	Under 1 year		At all ages	
		No.	Rate	No.	Rate			No.	Rate per 1000 Nett Births	No.	Rate
2	3	4	5	6	7	8	9	10	11	12	13
54,348		911	16.8	755	13.89	133	30	66	72.4	652	11.99
54,478		865	15.79	777	14.19	142	37	62	71.6	672	12.27
55,148		881	15.97	697	12.64	166	78	59	66.9	609	11.04
*59,193		656	11.08	756	14.23	150	104	57	86.9	710	13.37
53,104											
*55,472		700	12.62	987	19.94	204	94	44	62.8	877	17.71
49,508											
*60,071		796	13.25	714	12.38	117	89	47	59.0	686	11.98
57,666											
59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10.19
56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.63
56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.75
56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.43
57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
70,590											
*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
73,810											
*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
80,530											
81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.09
85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.75
103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63
107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36
106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9.17
105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.50
104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10.33
104,400	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9.96
104,230											
104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10.15

* Population birth rate.

City Extended 1st April, 1929.

† Population birth and death rates. City Extended 1st. April 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1958

(Table of Registrar General)

CAUSES OF DEATH	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES	1057	30	2	7	7	29	241	252	489
1 Tuberculosis, respiratory ..	6	—	—	—	—	—	2	2	2
2 Tuberculosis, other	—	—	—	—	—	—	—	—	—
3 Syphilitic disease	4	—	—	—	—	—	3	—	1
4 Diphtheria	—	—	—	—	—	—	—	—	—
5 Whooping Cough	—	—	—	—	—	—	—	—	—
6 Meningococcal infections ..	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis	2	—	—	—	1	—	1	—	—
8 Measles	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases	2	1	—	—	—	—	1	—	—
10 Malignant neoplasm, stomach ..	22	—	—	—	—	—	4	10	8
11 Malignant neoplasm, lung, bronchus	37	—	—	—	—	1	20	12	4
12 Malignant neoplasm, breast ..	17	—	—	—	—	4	7	2	4
13 Malignant neoplasm, uterus ..	6	—	—	—	—	1	2	2	—
14 Other malignant and lymphatic neoplasms	94	—	—	—	—	6	27	29	39
15 Leukaemia, aleukaemia	9	—	—	1	—	2	2	2	—
16 Diabetes	2	—	—	—	—	—	1	1	—
17 Vascular lesions of nervous system	164	—	—	—	—	2	30	40	98
18 Coronary disease, angina ..	216	—	—	—	—	1	56	54	108
19 Hypertension with heart disease ..	20	—	—	—	—	—	2	5	18
20 Other heart disease	107	—	—	—	—	2	10	25	70
21 Other circulatory disease ..	48	—	—	—	1	1	9	9	2
22 Influenza	3	—	—	—	—	—	1	—	—
23 Pneumonia	75	2	—	—	—	—	8	17	4
24 Bronchitis	48	—	—	—	—	—	11	20	1
25 Other diseases of respiratory system	17	—	—	—	1	—	8	3	—
26 Ulcer of stomach and duodenum ..	13	—	—	—	—	1	5	4	—
27 Gastritis, enteritis and diarrhoea ..	4	—	—	—	—	—	1	2	—
28 Nephritis and nephrosis	2	—	—	—	—	—	1	—	—
29 Hyperplasia of prostate	6	—	—	—	—	—	1	2	—
30 Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—	—
31 Congenital malformations ..	11	5	1	1	2	1	—	1	—
32 Other defined and ill-defined diseases	80	22	1	—	2	3	19	5	2
33 Motor vehicle accidents	10	—	—	4	—	—	2	1	—
34 All other accidents	24	—	—	1	—	2	4	2	1
35 Suicide	8	—	—	—	—	2	3	2	—
36 Homicide and operations of war ..	—	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,057 deaths, 513 were male and 544 female. The death rate of 10.15 (recorded) is a little higher than last year.

There were 6 deaths from tuberculosis of the respiratory system, this is slightly higher than the figure recorded in 1957.

Cancer deaths numbered 176 (all sites) compared with 190 in 1957. Deaths from cancer of the lung and bronchus numbered 37, a decrease of 12 over the previous year.

Deaths from pneumonia totalled 75 compared with 76 last year.

Two deaths from poliomyelitis occurred at the Nuffield Orthopaedic Centre and in the respiratory unit at the Churchill Hospital. Prior to admission to these hospitals, one of the patients lived in Kenya and the other in West Pakistan.

No maternal death occurred during the year, and there were no deaths from diphtheria, whooping cough, measles or scarlet fever.

RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD

	1958
United Oxford Hospitals Group	467
Oxford Regional Hospital Board Group	10
Nursing Homes	28
Old People's Homes (Local Health Authority)	13
Old People's Homes (Private)	19

*537

* = 30.63% of total deaths

RESIDENTS WHO DIED AWAY FROM OXFORD

	1958
Oxford Regional Hospital Board Group	3
Other Institutions and Nursing Homes	19
Private Houses	15
Accidents, etc.	2

39

NON-RESIDENTS WHO DIED IN OXFORD

NON-RESIDENTS WHO DIED IN OXFORD							1958
United Oxford Hospitals Group	..	..	..	..	..	..	642
Oxford Regional Hospital Board Group	..	..	..	..	..	..	7
Other Institutions and Nursing Homes	..	..	..	..	..	..	14
Private Houses	..	..	..	..	..	..	15
Accidents, etc.	..	..	..	..	..	..	57
							<hr/> 735 <hr/>

DEATHS FROM TUBERCULOSIS

YEARS 1939—1958

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65	Total
1939	—	1	1	24	13	3	42	—	2	3	3	—	—	8
1940	—	—	—	36	10	—	46	1	2	—	4	1	—	8
1941	1	—	—	27	17	3	48	—	3	—	5	—	1	9
1942	1	1	2	24	27	3	58	1	—	1	4	1	1	8
1943	1	—	—	22	14	7	44	—	1	1	6	—	1	9
1944	1	1	—	25	9	4	40	—	1	2	2	2	—	7
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
*Buccal cavity and oesophagus (male)	6	3	4	—	—	—	—	—	—	—	—	—
Uterus (female)	16	8	12	12	5	7	9	6	5	11	5	6
*Stomach and duodenum—												
Male	14	14	18	—	—	—	—	—	—	—	—	—
Female	23	10	16	—	—	—	—	—	—	—	—	—
*Stomach—												
Male	—	—	—	12	12	19	22	11	14	15	18	13
Female	—	—	—	11	13	9	8	15	15	17	2	9
*Lung, bronchus—												
Male	—	—	—	35	37	36	29	33	28	31	38	35
Female	—	—	—	5	7	3	5	1	5	8	11	2
Breast ..	18	13	18	22	19	21	23	16	9	18	17	17
All other sites—												
Male	54	57	58	55	72	42	46	47	62	48	53	49
Female	51	43	46	40	46	48	49	43	56	49	46	45
Totals ..	182	148	172	192	211	185	191	172	194	197	190	176

* (Classification of sites amended from 1950).

Age and sex distribution of Cancer deaths

			All Ages	0-	5-	15-	25-	45-	65-	75-
Male	..	..	97	—	—	—	6	37	36	18
Female	..	..	79	—	—	—	6	23	19	31
Total			176	—	—	—	12	60	55	49

Analysis of deaths from cancer according to the site of the disease:—

	MALE							FEMALE						
	0-	5-	15-	25-	45-	65-	75-	0-	5-	15-	25-	45-	65-	75-
Stomach	—	—	—	—	4	6	3	—	—	—	—	—	4	5
Lung, bronchus	—	—	—	1	19	12	3	—	—	—	—	1	—	1
Breast	—	—	—	—	—	—	—	—	—	—	4	7	2	4
Uterus	—	—	—	—	—	—	—	—	—	—	1	2	2	1
All other sites	—	—	—	5	14	18	12	—	—	—	1	13	11	20
Total	—	—	—	6	37	36	18	—	—	—	6	23	19	31

SECTION III

GENERAL HEALTH SERVICES

(a) AMBULANCE SERVICE

1. Administration

There was no change in the number of staff during the year.

The number of patients continued to increase, approximately 4,000 more being carried. This compares with an increase of about 1,000 last year and 3,500 in 1956. The main increase (75%) was in hospital out-patients. Mileage decreased by approximately 17,500, as compared with a decrease of 8,000 the previous year. It is interesting to compare 1949, the first full year of the National Health Service, when 29,878 patients were carried over a mileage of 357,058, with 1958 when 57,769 or nearly twice as many patients were carried over the greatly reduced mileage of 275,918. There is no doubt that the type of sitting-case vehicle now being used together with the provision of radio control has helped tremendously in the saving of mileage.

2. Mode of Transport

Long distance cases continue whenever possible to be transported by train if approved by the patient's doctor. A difficulty has been experienced this year in connection with the transport of stretcher cases by train. In some regions the changeover from steam to diesel trains has taken place, and the new type of carriage is not suitable for stretcher cases because of the arrangement of the seating and the fact that there is no privacy for the patient. This is probably the reason why the number of cases sent by train was a little lower than last year. It is understood that the matter is receiving the attention of British Railways.

3. Vehicles

A new ambulance and one new sitting-case vehicle (utilecon) were purchased during the year to replace similar vehicles which were no longer economical to run.

4. Staff

No change was made in the establishment of driver/attendants during the year. The work of the two women driver/attendants continues to be of great value.

5. Ambulance Depot

During the early part of the year, it became increasingly obvious that the size of the control room was inadequate to deal with the volume of traffic being handled. The telephones and radio were accommodated in

this room and with three men on duty during the normal working hours it was impossible at peak periods to run the service satisfactorily. The room was, therefore, enlarged by taking in the office of the Deputy Controller and reducing the size of the General Office. The Deputy Controller still has an office of his own.

All requests for transport, the co-ordination of journeys, and other matters of concern to both City and County Ambulance Service, are now controlled from the Ambulance Depot. This should be of financial benefit to both authorities.

6. Activities

Table 1 gives details of the work undertaken by the Ambulance Service during 1958, whilst Table 2 gives an indication of the increased use of the service since 5th July, 1948.

7. Emergency Calls

During the year, 2,091 emergency journeys (1,903 in 1957) were undertaken in the City, as follows:—

(a) Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles')	341
(b) North of St. Giles'	290
(c) South of Folly Bridge	111
(d) West of Station	124
(e) East of Magdalen Bridge	1225

These figures reveal that 58.16% of the calls were received from east of Magdalen Bridge.

8. General

The service has continued to run smoothly during the year. Expenditure continues to increase, and part of this has to be passed on to other local health authorities in the form of mileage charges. These were increased in April to 4/- in the case of ambulances (previously 3/8) and 2/- for sitting-case cars (previously 1/10).

The emergency oxygen service continues to be of great assistance to the local medical practitioners.

TABLE 1

	AMBULANCES		SITTING-CASE CARS (UTILECONS)		TOTALS		TRAIN JOURNEYS
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed
1958							
January	4,543	27,365	9,707	43,313	14,250	70,678	27
February	4,628	25,411	9,782	43,021	14,410	68,432	56
March ..	4,845	28,290	9,838	42,033	14,683	70,323	51
April ..	4,682	27,869	9,744	38,616	14,426	66,485	59
May ..	18,698	108,935	39,071	166,983	57,769	275,918	193
June ..							
July ..							
August							
September							
October							
November							
December							

TABLE 2

Year	Patients	Mileage	Train Journeys
1948 (6 months)			
1949	13,783	153,425½	—
1950	29,878	357,058½	—
1951	31,963	322,944½	133
1952	41,549	319,877½	217
1953	44,494	317,268½	230
1954	45,883	297,317	246
1955	47,774	282,380	248
	49,238	292,838	229
1956	52,900	301,497	(rail strike in June)
1957	53,955	293,362	234
1958	57,769	275,918	202
			193

(b) LABORATORY SERVICE

Bacteriological examinations

Examinations of swabs and other specimens from cases of infectious diseases, and from contacts and suspected carriers, have been carried out by the staff of the Public Health Laboratory, Walton Street, Oxford, from whom every help has been received.

Analytical examinations

Messrs. Thomas McLachlan and Partners, Analytical Chemists, have continued as Public Analysts to the City. Their main laboratory is at London, but they have a smaller laboratory at Reading, where many of the routine samples are tested.

(c) HEALTH VISITING

1. Staff

The staffing position during the year was remarkably satisfactory, thanks to the assisted training scheme. For the first time since this scheme came into operation in 1949 it was not possible to offer an immediate place on the established staff to one of the students on completion of her contract in September. She therefore remained as a temporary member for a short time until a resignation occurred. By the end of the year there was again a slight shortage. It was most fortunate that the staffing position was good on the whole, because the extra work involved in the poliomyelitis vaccination campaign was prodigious.

In October one of the senior members of the staff was seconded to the new Human Population Genetics Research Unit for a year.

The full-time attachment of one of the staff to a general practice continued to give satisfaction to everyone concerned.

2. Home visits paid by health visitors during the year

The following table shows the visits paid during the year, and includes figures for the three previous years for comparison:—

	1955	1956	1957	1958
To expectant mothers	736	789	978	1,121
To children under 1 year	11,229	12,241	12,351	12,268
To children between 1 and 2 years..	4,791	4,744	4,997	5,146
To children between 2 and 5 years..	7,428	7,685	8,304	8,496
To tuberculous households	39	52	12	7
Other cases	1,161	2,418	2,096	2,000
	<u>25,384</u>	<u>27,929</u>	<u>28,738</u>	<u>29,038</u>

Total number of visits to children

under 5 years	..	..	..	23,448	24,670	25,623	25,910
				(i.e. 92%	(i.e. 88%	(i.e. 90%	(i.e. 89%
				of the	of the	of the	of the
				total	total	total	total
				visits)	visits)	visits)	visits)

Comments on these figures—

(i) All the visits were “effective visits”. The total number of “no access” visits was 5,837 compared with 5,508 in 1957 and 4,158 in 1956.

(ii) The total visits paid shows a steady increase over the four-year period; but it is interesting to note that in spite of the ever-increasing scope of the work, the visits to children under five remains steadily at about 90% of the total.

(iii) Visits to tuberculous patients by the tuberculosis visitors are recorded in Section IV (c) of this report.

(iv) Work carried out as school nurses is described in the report of the Principal School Medical Officer.

(v) The visits to expectant mothers again shows a considerable and satisfactory increase. These visits are mainly to hospital-booked mothers whose names and addresses are made available by the two maternity departments to the health visitor who visits the lying-in wards each week. The number of deliveries in hospital in 1958 was 948, so the 1,121 visits to expectant mothers during the year indicates a reasonable cover.

(vi) “Other cases” comprise all visits not included in one of the other categories. They include visits to old people, visits in connection with infectious diseases, and visits paid at the request of hospitals and general practitioners. In view of the increasing importance of the domiciliary care of old people, arrangements have been made to record visits in this category separately from the beginning of 1959.

3. Work at child welfare clinics

One or more health visitors were present at all the 1,073 sessions of the child welfare clinics held during the year. Work at the clinics became extremely heavy when poliomyelitis vaccine became freely available for children from the age of 6 months in May 1958. It was decided to make the injections readily available at all child welfare clinic sessions and to meet all requests for vaccination in the shortest possible time, with a view to the completion of the task by the end of July. This involved an enormous increase in the work carried out at the clinics by the health visitors. They were ably and willingly assisted by all the voluntary workers, without whom achievement of the task would have been impossible.

4. The assisted training scheme for health visitors

The three students who began the course in September 1957 all obtained their Health Visitors’ Certificate in April 1958.

5. Refresher courses

An attempt is made to send the health visitors to refresher courses every five years. No one went in 1958, because the health visitor booked to go became ill at the last moment and there was no suitable course available for one of the tuberculosis visitors who was due to go.

(d) HOME HELPS

1. Cases helped

(a) *Classification of cases helped in the last four years:—*

Cases	1955	1956	1957	1958
Home confinements	73	58	64	80
Other maternity cases	52	41	42	29
Acute illness	181	205	223	219
Chronic sick	75	85	68	83
Tuberculosis	20	16	12	11
Aged (over 75 years)	158	161	153	173
Totals	559	566	562	595
Cases refused owing to pressure of work ..	57	17	12	7

These figures show an increase in the number of cases helped during the year.

The “cases refused” are those for whom the provision of home help was justifiable. The very low figure of 7 cases in the year is a great credit to the two organizers. In order to keep the refusals to a minimum it is often necessary to reduce temporarily the amount of help given to the less incapacitated patients or to change the day on which they receive their help.

Apart from these “cases refused” the service receives many requests for help which, after careful investigation, are found to be unjustified.

(b) *Patients receiving continuous help throughout the year during the past four years were as follows:—*

1955	125 cases
1956	89 cases
1957	183 cases
1958	200 cases

The increase in these “permanent” cases continues and it seems probable that it will continue to do so, if the number of aged and infirm people in the community continues to grow.

(c) *Continuous daily help throughout the year* was provided for 8 cases (as compared with 9 cases in 1957). No new cases requiring this amount of help were taken on during the year.

2. Ministry of Health Circular 14/57.

The Minister has requested "information of any special ways in which it may have been found possible to strengthen the domiciliary health services (including the home help service) provided for the elderly and infirm".

The figures given above demonstrate clearly that in Oxford the home help service plays a large part in this work. Thus 173 aged people over 75 years old and 83 chronic sick people were helped during the year. Help throughout the year was given to 200 people; and of these 8 had help every day (except at week-ends).

3. Finance

(a) *Classification for payment* during the last four years has been as follows:—

	1954	1955	1956	1957	1958
Full payment*	91	109	Not classified, as two assessments in operation during year	91	100
Assessed for part payment	302	240		210	217
Free	234	210		261	278
Total cases helped ..	627	559	—	562	595

* 3/- per hour until October, 1955, when it was increased to 3/6 per hour.

(b) *Wages* were increased from 3/- to 3/1½ per hour on 20th September, 1958. The travelling allowance remains at 3/6 per week.

(c) *Cost of the service*

The following table shows the cost during the last four financial years:—

	1954-5	1955-6	1956-7	1957-8
Total cost	£14,667	£16,080	£16,250	£15,686
Receipts	£1,508	£1,565	£1,638	£1,534
Net cost ..	£13,159	£14,515	£14,612	£14,152

4. Assessment scale

The scale which has been in operation since 1st April 1956, has continued to work very satisfactorily. During the year only two new cases had to be reviewed by the Committee in order to avoid hardship.

5. Staff

The Organizer and Assistant Organizer divide the City between them for administration purposes. A large amount of their time has to be spent

at the office in order to deal with the constant problem of meeting the demands on the service while keeping "idle time" to the minimum. In addition almost all new cases are visited as soon as possible and other cases when they can be fitted in. Special visits often have to be paid at short notice if a problem arises.

The Assistant Organizer resigned for personal reasons at the end of November. The Organizer had to carry out double duties over a very difficult 6-week period until a new appointment was made.

The following table shows the home help staff employed at the end of each of the last 5 years:—

	1954	1955	1956	1957	1958
Full time—42 hours*	7	6	5	6	6
Part-time—27, 24 and 20 hours* ..	62	65	63	47	51
Part-time†	2	1	5	10	10
Totals	71	72	73	63	67

* guaranteed weekly wage.

† paid for hours actually worked.

Fortunately there was an increase in four guaranteed part-time workers, as compared with 1957. These women form the back-bone of the service, but they are not easy to recruit in a City where other less onerous part-time work is readily available. It is probable that the guaranteed weekly wage is a favourable factor in recruitment. In addition the local arrangement whereby a whole morning is usually worked in one household is less strain to the worker than an attempt to "pop in" and help a number of scattered households in a limited period of time.

(e) DISTRICT NURSING

1. General arrangements for the service

The service, in its third year of direct administration by the City Council, has continued to develop its integration with all other services very satisfactorily. The Council is a member of the Queen's Institute of District Nursing and the staff consists almost entirely of Queen's nurses and Queen's student nurses.

The service is based on a central home in North Oxford and two branch homes (at Headington and Cowley). Any nurse who prefers it may be non-resident; at the end of the year eleven of the nineteen members of the staff were living out. It still seems desirable, however, to retain central residential accommodation for the benefit of student nurses (particularly for those who come for only four months from other Local Health Authorities) and for the few nurses who prefer to live in. The branch homes also seem to fill a need. Nevertheless the future of residential accommodation for nurses is under consideration in view of the

growing tendency to live out, the difficulty of obtaining staff for branch homes, the great difficulty of domestic staffing for all the homes and the under-occupancy in the central home.

Meanwhile a major improvement occurred during the year in the final elimination of dark brown and green paint from the central home, making it at last a pleasant building in which to live.

2. Staff

On 31st December 1958, the position was as follows:—

... the position was as follows:—				
Superintendent, resident	..	..	1	
Assistant Superintendent, resident	..	..	1	
Home nurses:—				
Queen's nurses:—				
Resident full time	..	..	4	} Equivalent to $15\frac{3}{4}$ full-time nurses
Non-resident full-time	..	..	7	
Non-resident part-time	..	..	1	
Queen's student nurses:—				
Resident	..	..	2	
State registered nurses:—				
Non-resident full-time	..	..	2	}
Nursing orderly:—				
Non-resident full-time	..	..	1	

This represents a deficiency of $4\frac{1}{4}$ nurses at the end of the year. Taking the year as a whole the staffing position was not as bad as this. But there was a considerable amount of illness among the staff, and there was not the usual seasonal reduction of work in the summer. Thus the year has been one of heavy work for the whole staff.

3. Cases nursed during the year

The following table shows the source of new patients during the year and includes figures for the two previous years for comparison:—

	1956	1957	1958
General practitioners	2,345	2,099	2,032
Hospitals	72	113	101
Direct application	113	99	55
Other sources	5	9	4
Totals	2,535	2,320	2,192

The number of cases nursed and visits paid in different categories and ages is shown in the table on page 44.

Comments on these figures

New cases nursed during the year show a reduction of 128 compared with 1957, and the total visits paid a reduction of 1,310.

The detailed table of visits (set out according to the requirements of the annual return to the Ministry) shows the following features:—

(a) Children under 5 years of age continued to provide very little work. Only 995 visits were paid to 76 patients in this category compared with 808 visits and 103 patients in 1957. It thus seems unnecessary to contemplate any specialized service for this age-group.

(b) There is very little change in the number of visits paid to tuberculous patients; 3,165 compared with 3,187 in 1957.

(c) Visits to patients over 65 years of age accounted for 34,417 out of a total of 53,525—i.e. 64% compared with 67% in 1957.

4. Types of treatment given

Pending a generally accepted classification of treatments given, the same standardized method has been used locally during the past three years. As one patient may receive two or more types of treatment, the total is naturally in excess of the visits paid—in 1958 by 2,436.

The following table shows the treatments given during 1956, 1957 and 1958:—

	1956	1957	1958
Injections:—			
(1) Insulin	7,430	6,188	6,963
(2) Streptomycin	4,666	3,500	4,044
(3) Penicillin	11,488	9,797	8,599
(4) Any other injections	9,225	10,172	8,033
Blanket baths	5,744	6,225	5,713
Enemas	498	422	433
Dressings	8,983	7,671	8,794
Washouts, douches, catheterizations	752	829	571
Changing of pessaries	141	197	204
General nursing care	16,999	13,574	12,160
Attendance at minor operations	9	1	—
Any other treatment	393	590	447
Totals	66,328	59,166	55,961

These figures show no striking trends, except perhaps a progressive slight reduction in the number of injections of penicillin.

5. The value of the service in relieving the pressure on hospital beds

Scrutiny of the records of patients nursed during the year shows that 235 of them would have needed hospital care if a district nurse had not been in attendance. These patients can be classified as follows:—

	Over 65 years of age	Under 65 years of age
Medical	135	88
Surgical	3	9
	138	97

There were 26 cases of cancer among these patients.

A further saving of beds could probably be achieved if hospital staff were more fully aware of the nursing services available at home. This might lead to earlier discharge of patients. It is also probable that attendances at the casualty department, and the long time spent by patients in waiting there, could both be reduced if the services of the district nurses were more fully used. It is understandable that there tends to be lack of knowledge of domiciliary services among hospital staff, since many members have had no personal experience of them. Now that medical students and student nurses come out in person to see the work of the nurses, this problem should gradually be resolved.

6. Ministry of Health Circular 14/57 (Local authority services for the chronic sick and infirm)

The Minister has requested information as to the local implementation of the recommendations of this circular.

In Oxford it is clear that the district nursing service makes a large contribution to the welfare of the chronic sick and infirm. During 1958 a total of 34,417 visits were paid to patients over 65 years (i.e. 64% of all visits).

Evidence that many *chronic* sick and infirm patients were nursed can be deduced from the facts that 492 patients received more than 24 visits in the year and that 36,310 visits were paid in this category.

Co-operation with other services concerned with the welfare of the chronic sick and infirm is on the whole very good. These other services include the general practitioner, the geriatric unit, the welfare services, the home help and health visiting services, as well as various voluntary organizations.

7. Training school

Three courses of training for the Queen's Roll were held during the year. The examination was taken by 14 students, all of whom passed at the first attempt, four of them gaining credits in their practical examination.

The assistant superintendent acts as tutor and one and a half days each week are set aside as "study days". Although the training of students involves a lot of extra work, their presence is stimulating for everyone concerned and it is considered an advantage to be a training school.

The seventeen students admitted were classified as follows:—

Staff students (under contract to work for the City for a year after the examination)	.. .. .	6
Students sent by other Local Health Authorities*	.. ..	11
		—
		17
		==

* Students came from Berkshire, Buckinghamshire, Dorsetshire, Northamptonshire and Warwickshire.

Classification of patients nursed during the year

	Number of cases attended during year			Total cases	Number of visits paid during year			Total visits
	Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit		Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit	
Medical	60	1,133	1,022	2,215	439	29,487	11,671	41,597
Surgical	15	116	144	275	552	4,485	3,417	8,454
Infectious diseases	1	—	1	2	4	—	9	13
Tuberculosis ..	—	8	52	60	—	445	2,720	3,165
Maternal complications	—	—	22	22	—	—	296	296
	76	1,257	1,241	2,574	995	34,417	18,113	53,525

Patients (included in the above table) who have received more than 24 visits during the year:—

<i>Patients</i>	<i>Visits</i>
492	36,310

Also included in the above table were 119 visits paid in the late evening, 110 of which were for giving sedatives and 9 for other purposes. There were also 12 visits classified as “casual”—instances in which a nurse called to give treatment but for some reason could not carry it out.

8. Refresher courses and conferences

The Annual Conference of Training Home Superintendents was attended by the assistant superintendent. One nurse went to a week's refresher course run by the Queen's Institute at Exeter.

9. Dermatitis among district nurses

Despite the large number of injections of antibiotics given by the nurses (12,643 injections of penicillin and streptomycin were given in 1958) it is satisfactory to note that for the sixth successive year no new case of sensitivity occurred among the staff. It thus seems that the stringent precautions taken as a routine over this period have been well worth while.

10. Loan of nursing equipment: co-operation with the British Red Cross Society

The central nurses' home and the two branch homes continued to keep a small stock of nursing equipment to lend to patients.

Thanks are again due to the British Red Cross Society (Oxfordshire Branch) for their co-operation in providing medical equipment on loan to patients so promptly and efficiently. The Society has also helped the district nurses by providing visitors for the sick and aged; also by gifts of old linen.

In the financial year 1958—1959 the City Council paid the Society a grant of £100, together with £50 for the renewal of equipment. Details of the equipment loaned in the City during 1958 are as follows:—

<i>Article</i>	<i>Total</i>	<i>Article</i>	<i>Total</i>
Air beds	7	Fracture boards	2
Air pillows	7	Heart table	1
Air rings	123	Hot water bottles	3
Bed blocks	10	Scales	4
Bed cradles	38	Spectacles (recumbent) ..	2
Bed pans	146	Sputum cups	1
Bed pans (rubber) ..	23	Stair chairs	2
Bed rests	117	Steam kettle	1
Bed tables	15	Urinals	52
Carrying chairs	2	Walking aids	3
Commodes (chairs) ..	20	Waterproof sheets	188
Commodes	70	Walking sticks	3
Commode pot	1	Wheel chairs	138
Crutches	24		
Electric bells	2		1,019
Feeding cups	14		

(f) NURSING HOMES

The following Nursing Homes were on the register at 31st December, 1958:—

	<i>No. of beds available</i>
Acland Home, Banbury Road	44
Castle Nursing Home, 7 Davenant Road	3
Restholme, 230 Woodstock Road	7
St. John's Home, St. Mary's Road	63
St. Luke's Home, Linton Road	26
	<hr/>
	143
	<hr/>

This shows an increase of 24 beds in comparison with 1957.

A total of 17 inspections were made by members of the staff to these registered premises.

(g) CONVALESCENCE

Recuperative holidays were arranged for 27 patients, of whom one suffered from tuberculosis.

All applicants were satisfactorily accommodated and no difficulty was experienced in booking accommodation at seaside homes during the summer months.

Applicants were assessed for payment according to income and contributions were as follows:—

Paid by patients in full	5
Part payment by patient	3
Paid by Council in full	19

Eleven of the nineteen patients received travelling expenses in addition to the convalescent home fees.

Recommendations received were as follows:—

General practitioners	21
Hospital patients	6

The total cost to the Council for the year was £181 5s. 0d.

Patients were accommodated at the following convalescent homes:—

	<i>Men</i>	<i>Women</i>
All Saints Convalescent Home, Eastbourne..	1	—
Bell Memorial Home, Lancing-on-Sea ..	—	15
Maitland House, Frinton-on-Sea	—	1
Mary Champney Home of Rest, Tunbridge Wells	—	1
St. John's Convalescent Home, Weston Favell	1	2
St. Luke's Convalescent Home, Exmouth	—	1

Victoria Convalescent Home, Clevedon ..	1	—	
Webb's Convalescent Home, Margate ..	2	—	
Winterton House, Wendover, Bucks ..	—	1	and infant
Wordsworth Convalescent Home, Swanage ..	—	1	
	—	—	
Total	5	22	+ 1 infant
	=	=	

(h) HEALTH EDUCATION

The most valuable form of health education is considered to be the individual discussion and advice which is given by the doctors, dentists, health visitors, midwives, district nurses, public health inspectors, welfare officers, mental health officers and other members of the Health Department during their daily duties. Attention is also drawn to health matters by means of posters and pamphlets at clinics, and by the distribution of pamphlets by Health Department staff. Talks and demonstrations illustrated by filmstrips or slides have been given by members of the Department and each request for a speaker has been met. Senior members of the Health Department have again taken part in the formal instruction of medical students, health visitors, district nurses, midwives, hospital student nurses and nursery nurses.

The public health inspectors have continued to give lectures to school leavers, domestic science classes, Townswomen's Guilds, and other adult associations on such subjects as housing, environmental hygiene, domestic pests and food hygiene. The report of the Chief Public Health Inspector refers to other aspects of health education (particularly in relation to food hygiene) which have been organised by his section.

“Guard that Fire” Campaign

In November, the Ministry of Health launched a national campaign in an effort to reduce the number of burning accidents in the home. Every year, in Great Britain, 700 people die from burning accidents and no fewer than 50,000 persons need hospital treatment from the same cause. Children and the aged provide the majority of victims, the basic cause of danger being the unguarded fire.

Full local support was given to this campaign. With the very active help of the Fire Prevention Officer, Mr. Moody, a large number of striking posters, Day-glo strips and pamphlets were distributed and displayed in public places. All shops known to sell heating appliances were visited and their co-operation invited. Some were most helpful in arranging special window displays throughout the period of the campaign. Local cinemas gave support by showing short propaganda films which had been specially prepared for the campaign.

Concentrated publicity such as this is of undoubted value in stimulating the public's awareness of a particular problem, but its effect may soon

be lost unless it is followed up by the continual, although less spectacular, efforts on the part of a variety of social workers. This, then, is one of the aspects of health education to which the health visitors, welfare workers and public health inspectors are constantly drawing attention in the normal performance of their work.

Mothercraft Classes

Three courses of instruction in mothercraft were given during 1958 at the Bury Knowle and Donnington Centres. The following attendances were recorded:—

	<i>Bury Knowle Centre</i>		<i>Donnington Centre</i>	
	<i>On register</i>	<i>Total attendance</i>	<i>On register</i>	<i>Total attendance</i>
Course I January—March ..	15	111	28	132
Course II April—August ..	13	99	21	105
Course III September—December	14	86	15	73

(i) DOMICILIARY OCCUPATIONAL THERAPY

During 1958 the Domiciliary Occupational Therapy Service has continued to expand. More patients are being referred to the Therapists by general practitioners. These patients may be suffering from an illness of long-standing or they may have been discharged direct from hospital. It has been found in several cases that the patient had been at home a considerable length of time before being recommended for domiciliary occupational therapy. Some of these patients live alone or have to be alone all day and, after the bustle of a hospital ward, this often causes acute depression. The direct follow-up from hospital to home is of utmost importance if the patient is to benefit from domiciliary services.

The types of disabilities treated during the year are shown in the following table:—

Tuberculosis	30
Bronchiectasis, Emphysema	23
Hemiplegia, Paraplegia	5
Poliomyelitis, Rheumatoid Arthritis	10
Parkinson's Disease, Disseminated Sclerosis	4
Heart Disease	8
Epilepsy	3
Schizophrenia, Brain Tumours	5
Post-operative Cases, Spinal Caries, Congenital Deformities, etc.	19

All these patients have been visited during the year, 90% regularly.

Approximately 1,470 visits have been made by the two Therapists.

A high standard in craft work has been maintained and several new crafts attempted for the first time. Several patients tried rush-making and two were considered good enough to have their articles sold in the shop. Rush-making is rapidly becoming extinct and it is important that these old crafts should be encouraged.

This year the annual Craft Competition prizegiving was held at the County Hall. Mr. Lawrence Turner, M.P., presented the prizes and Dr. F. Ridehalgh was Chairman. City patients were very successful and gained five first prizes, eight second prizes and several Highly Commended. Also, two of the four special prizes were awarded to City patients. Our thanks are due to the staff of Dorset House School who judged the exhibits so ably.

An important part in the rehabilitation of the long-term patient, and in fact any patient who because of his disability is unable to be a wage-earner, is the completion of an article up to saleable standard whilst at the same time strengthening and encouraging use of the affected limb or limbs. The retail shop for the blind and handicapped patient continues to sell successfully the articles sent for sale. Also during the year a number of important orders have been received from the colleges and from private individuals. All the lampshades for the new Old People's Home, Townsend House, and leather bags for midwives, health visitors and district nurses have been made by the patients during the year.

(j) CO-ORDINATING COMMITTEE for CHILDREN NEGLECTED or ILL-TREATED in their OWN HOMES

This Committee, under the Chairmanship of the Children's Officer, met on 8 occasions during the year. In addition several case-conferences of the individual workers concerned, including the family doctor, were held.

A full account of this work was given in the Report for 1957. In 1958 the procedure remained the same and the meetings continued to be of great value.

The prevention of the breaking up of families owing to eviction from council houses for failure to pay rent has always been an important aspect of the work of the Committee. In December 1958 the City Council appointed a social worker to the staff of the Treasurer's Department to deal with families who have accrued rent arrears. Since her appointment this officer has represented the Treasurer's Department at the meetings of the Co-ordinating Committee and has relieved the Assistant Children's Officer of the social case work which she had previously undertaken in relation to some of these families. This new arrangement seems to be working very satisfactorily.

(k) GENERAL PRACTITIONER SURGERY PREMISES

These premises built on the Minchery Farm Estate by the Housing Committee as a branch surgery were opened on the 1st January, 1958. The accommodation is used by seven partnerships who between them hold a total of 14 surgery sessions each week. This somewhat unusual scheme worked most satisfactorily throughout its first year. The doctors have expressed appreciation of the facilities provided and the residents of the estate have responded to the convenience of having this branch surgery so readily available. Some of the partnerships have found that in the light of experience they have oversubscribed and have expressed a wish to reduce their commitments, generally from two to one surgery per week. It has been possible to agree to this in one or two instances, but it will be recalled that the Housing Committee were only willing to proceed with the whole scheme if the doctors collectively undertook to hire the premises for a total of at least twelve sessions each week for a period of two years.

A recent satisfactory development has been the hiring of the premises twice a week by Oxfordshire County Council as headquarters for the district health visitors.

The cost of the premises plus equipment was about £2,000 and the running costs for the first year, including loan charges, have been £484. The income from fees has been £492, giving a surplus for the year of £8.

SECTION IV

INFECTIOUS DISEASES AND INFESTATION

(a) EPIDEMIOLOGY

Scarlet Fever

56 cases (54 in children under the age of 10) were reported during the year. There was no concentration of cases during any particular month, notifications being evenly spread over the year. The disease continued to be of the extremely mild character typical of recent years.

Routine typing of all throat swabs giving a growth of β -haemolytic streptococci Group A was continued. Of 84 swabs examined, 7 were shown to be infected with Type 12, but no complication is known to have occurred in any of these cases.

Diphtheria

For the ninth successive year, no case of diphtheria occurred.

Typhoid and Paratyphoid Fevers

No case of either of these diseases was notified during the year.

Poliomyelitis

One case of paralytic poliomyelitis was notified in January. This was a woman of 27 who developed weakness of both upper and lower limbs on one side. The onset of the illness appeared to have been in late December, 1957.

Meningococcal infection

Two cases of meningococcal septicaemia were reported, one in a 7 year old girl and the other in a baby of 6 months. Both recovered. A woman with meningococcal meningitis also recovered uneventfully.

Measles

139 cases of measles were notified during the year, all in children. There was no particular epidemic, cases being scattered throughout the year.

Whooping Cough

Only 23 cases of whooping cough were notified during the year, this being the smallest total during the past 10 years.

Bacillary dysentery

28 cases of dysentery were notified during the year, all due to infection

with *Shigella sonnei*. Apart from some spread within families, cases were sporadic and were scattered throughout the year. 11 cases involved adults and only 9 were children at schools in the City.

As in the previous year, clinical criteria were mainly relied upon when considering the preventive measures to be taken. Children were allowed to return to school one week after cessation of diarrhoea, and symptomless contacts were usually not subjected to bacteriological examination unless they were children at nursery schools or were adult food handlers.

Food poisoning

The number of food poisoning notifications was 72, compared with 21 and 154 in 1957 and 1956 respectively. The following organisms were isolated from notified cases:—

<i>Salmonella typhi-murium</i>	..	..	..	44
<i>Salmonella schwanzengrund</i>	..	..	..	8
<i>Salmonella enteritidis</i> (var. jena)	..	..	..	2
<i>Salmonella reading</i>	..	..	..	2
<i>Salmonella thompson</i>	..	..	..	1

Of the cases of *S. typhi-murium* infection, 16 involved individuals with no apparent connection between them.

The notifications of *S. schwanzengrund* infection were received between May and August. Two were individuals apparently unconnected; the remaining 6 were patients in the Radcliffe Infirmary, Cowley Road and Slade Hospitals who had been admitted for the treatment of other conditions.

Summary of Outbreaks of Food Poisoning which occurred in 1958

1. *Outbreaks due to identified agents:—*

Total outbreaks—2. Total cases—32.

Outbreaks due to:—

(a) Chemical poisons	..	..	..	..	Nil
(b) <i>Salmonella</i> organisms	..	..	..	..	1
(c) <i>Staphylococci</i> (including toxin)	..	..	..	..	Nil
(d) <i>Cl. botulinum</i>	..	..	..	..	Nil
(e) Other bacteria— <i>Clostridium welchii</i> (probably)	..	..	..	..	1

2. *Outbreaks of undiscovered cause:—*

Total outbreaks—1. Total cases—7.

In mid-October, cases of *S. typhi-murium* infection were reported from several different sections of the Radcliffe Infirmary (including the Nuffield Maternity Home) and the Eye Hospital. Within the next five weeks a total of 24 cases, involving 6 different wards, had occurred. Of the affected persons 14 were patients, 7 were babies, 2 were domestic staff and one was a nurse. As a result of investigations amongst the staff a further 8 symptomless excretors (including 5 midwives) were discovered. The

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital	Cowley Road Hospital
Scarlet Fever	—	—	1	—
Erysipelas	—	—	1	—
Puerperal Pyrexia ..	90	6	—	—
Ophthalmia neonatorum	49	1	—	—
Measles	1	—	7	—
Pneumonia	—	—	4	—
Meningococcal Infection	1	1	1	—
Bacillary Dysentery ..	—	—	5	—
Food Poisoning ..	4	—	19	4
	145	8	38	4

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1958

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS.													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	S'town & W'lver- cote	North	West	South	East	Head- ington & M'ston	Cowley & Iffley
Scarlet Fever ..	56	—	1	2	8	12	29	2	—	2	—	—	—	8	3	2	4	4	16	19
Erysipelas ..	10	—	—	—	—	—	—	—	—	—	—	4	3	—	—	1	1	2	4	2
Puerperal Pyrexia ..	100	—	—	—	—	—	—	—	10	68	22	—	—	—	90	1	—	—	7	2
Ophthalmia neonatorum	50	50	—	—	—	—	—	—	—	—	—	—	—	—	49	—	—	—	1	—
Measles ..	139	6	14	22	12	14	66	5	—	—	—	—	—	29	15	21	7	3	26	38
Whooping Cough ..	23	3	1	3	1	2	13	—	—	—	—	—	—	1	—	—	4	4	11	3
Pneumonia ..	51	—	—	—	1	—	—	2	1	9	4	23	11	6	8	11	3	5	8	10
Polio myelitis Paralytic	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Meningococcal infection	3	1	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—	—	1	1
Bacillary Dysentery ..	28	—	1	2	2	2	7	2	1	5	2	4	—	2	3	6	1	—	15	1
Food Poisoning ..	72	13	2	—	3	1	4	2	2	18	2	9	16	1	39	11	1	10	3	7
	533	73	19	29	27	31	120	13	14	104	33	40	30	47	208	53	21	28	93	83

infection was thought to have been a contributory cause of death in a premature baby and 2 male patients who were already seriously ill. The primary cause of the outbreak was not determined.

Also in October there occurred a small outbreak of food poisoning apparently due to *Cl. welchii* infection. 5 employees in the same business all developed nausea, vomiting, abdominal pains and diarrhoea within a few hours of one another. The only common food of which all had taken consisted of cheese and tomato rolls prepared in a local shop. These rolls were obtained daily and eaten at the mid-morning break so that the outbreak might have been associated with those eaten the same day or (as seemed more likely) with those eaten the previous day, i.e. 25 to 30 hours before the onset of symptoms. Enquiry revealed that 3 members of the family running the shop had also had symptoms at the same time as the affected customers. Although no pathogens were isolated from any of the patients, faecal *B. Coli* and *Clostridium welchii* were cultured from one of the suspected prepared rolls which had been left over, and there seems little doubt that the latter were responsible for the outbreak.

Infective hepatitis

This is not a notifiable disease and so our knowledge of its incidence is confined mainly to children of school age attending local authority schools. About 60 cases are known to have occurred during the year. At the end of 1957 small epidemics of infective hepatitis commenced at 2 schools, Cowley St. James Church of England School and St. Barnabas Church of England School. Ten cases were reported from each. The outbreaks at these 2 centres had scarcely subsided when cases began to occur amongst the children living on Barton Estate. By the end of June some 35 cases had been reported, the great majority attending Barton Infants' School (24 cases) and Bayswater Secondary School (10 cases). Thirteen cases occurred in June, the month of greatest incidence, and thereafter the outbreaks rapidly subsided.

The spread of this disease is considered to be largely through bowel to mouth infection and is therefore amenable to control by strict attention to personal hygiene and by the provision of good washing facilities with individual towels in schools and other institutions.

(b) THE SLADE HOSPITAL (Infectious Diseases Department)

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. A. G. Ironside, M.B., Ch.B., continued as Resident throughout the year, and the following report prepared by him is included by reason of the fact that the infectious diseases patients at the Slade Hospital are

so very closely connected with the epidemiological work of the Health Department:—

“There were 402 admissions to the 36 infectious disease beds of the Slade Hospital during 1958. During the last 10 years the admissions have varied from 335 to 556 cases, so the year was an average one. In the last 4—5 years the admissions have been fairly constantly between 400 and 500 admissions and this would seem to be the pattern for the future.

There was only one notable epidemic during the year. This was caused by an outbreak of salmonella typhi-murium infection which occurred in the Radcliffe Infirmary and which necessitated more than 20 transfers from there.

During the year the Infectious Disease Unit was supplied with all necessary syringes from the Sterile Syringe Service, for the first time, and this proved a real boon, providing first-class material and saving a good deal of valuable nurse time.

Feeding arrangements for young babies have always been unsatisfactory, but during the year a new milk kitchen was built on the single cubicle ward. When this comes properly into operation, as it will do in the immediate future, then arrangements for infant feeding will come into line with the best recommended standards, namely the preparation and sterilisation of all feeds for a 24-hour period, at one time, with subsequent refrigeration until the time of use.

The practice of tuberculin testing all children was continued and one otherwise unsuspected case of primary tuberculosis in a young child requiring treatment was discovered. In older children the patch test is soon to be replaced by a Heaf test, which is rather more accurate.

The nursing shortage was again felt acutely in times of stress, and it is a pleasure to pay tribute to the fine work done at all times, and the ungrudged and unpaid overtime which was so willingly put in at these times.

Cases of infectious diarrhoea of varying types formed, as usual, by far the largest group of admissions. They accounted for 79 admissions and included many of the most acutely ill cases. The group can be further subdivided into:—

Salmonella enteritis	.. .. .	29 cases
Non-specific gastro-enteritis of adults and children	..	21 „
Non-specific gastro-enteritis of infants	.. ..	14 „
Dysentery	.. .. .	9 „
Enteric fever	.. .. .	6 „

Of the cases of salmonella enteritis, 22 cases were admitted from the Radcliffe Infirmary during an outbreak there which affected many different wards and departments. Although this strongly suggested some central source of infection, no such source was ever found. In the great

majority of cases, diarrhoea was slight and not troublesome, or was even completely absent—the cases having been found by routine swabbing.

Six of the cases occurred in newborn infants, all except one in the first week of life. One of these, a premature baby weighing only 4-lb., died of increasing toxæmia, and at postmortem the salmonella organism was found in heavy culture in almost every organ of the body.

Another full-term baby was discharged home after a mild initial illness which soon settled, only to be re-admitted a month later in a very poor condition, having had chronic diarrhoea for many days before. The baby had gained no weight since birth and had become very anaemic, with a haemoglobin only 50% of normal. For two or three weeks the child remained ill and failed to thrive, but eventually the symptoms settled quite abruptly, and the baby soon returned to normal.

The other 4 babies showed only very slight diarrhoea which never really upset them and all progressed quite normally.

One case, not related to the Radcliffe Infirmary outbreak, had a very severe illness due to the same type of typhi-murium organism. He was a man of 60, who had severe diarrhoea and vomiting for a week and had been unable to drink any fluids during that time. On admission he was unconscious and near the point of death. With intravenous fluid he recovered to a remarkable degree, but then it became clear that he had gone into acute kidney failure, and was passing no urine. This state persisted for the next 7 days, by which time he was again in a very dangerous condition. However, just as arrangements were being made to rush him to the nearest artificial kidney at R.A.F., Halton, his kidneys recovered and he began to pass urine, making a complete recovery in the following weeks.

Non-specific Gastro-Enteritis of Adults and Children

This is rather a bogus category, and consists of all the cases of acute diarrhoea and vomiting, often with fever, in which no pathogenic organism can be found, and no other organism or infectious cause can be found.

However, it is sufficiently homogeneous and severe to resemble a clinical entity. It was often severe enough to cause significant dehydration and responded poorly to chemotherapy. If the disease is an entity, then presumably one or more viruses is the cause.

In one child the onset was heralded by convulsions.

Non-specific Gastro-Enteritis of Infancy

There were 14 admissions. This disease is often serious and always potentially serious because of the ease with which these babies develop dehydration.

The diarrhoea, which is usually more prominent than the vomiting, usually seemed to respond to either oral neomycin or terramycin.

In 3 of the cases, an agglutinable form of *E. coli* was present. In the other 11 cases, no pathogenic organism was found.

Of the latter 11 cases, one was very severely dehydrated, 4 were markedly dehydrated, 1 moderately, 2 slightly, and 3 not at all. All recovered completely.

The most severely ill case had been treated for several weeks in a military hospital in Malta and then flown home. On admission he was semi-conscious, cyanosed and covered with a haemorrhagic rash. He was dehydrated to the point of dessication. It was found that the blood chemistry was profoundly upset, but very luckily, with appropriate treatment, the baby recovered completely.

The cases of dysentery were all of the Sonne variety. Almost all came from children's homes or other hospitals; all were mild and recovered completely.

The enteric group included one classical case of typhoid fever, who recovered completely following a stormy illness, complicated by an empyema. There were 3 cases of paratyphoid fever. One, a young boy, developed a metastatic elbow joint infection. 2 typhoid carriers were admitted for treatment but as was rather expected, did not benefit from it.

There was a widespread epidemic of chickenpox in the district during the year and this was reflected in the number of admissions. Clinically this was only of nuisance value, but because of the very highly infectious nature of this disease, it tends to creep very readily into children's wards, and most of the cases came from this source. There were 2 cases of encephalitis following chickenpox. In both, the main symptoms were drowsiness, somnolence and mental changes. Complete recovery occurred in both cases.

Glandular fever seems to be firmly entrenched and endemic among the young adults in the district, particularly among undergraduates and other young people living in such places as hostels and nurses' homes. As usual, it was responsible for a steady dribble of patients. Many of these young people were miserably ill for a period of a week or longer. The most troublesome feature of the disease is undoubtedly the severe sore throat which often accompanies it. By far the worst sore throats seen nowadays occur in this disease and this seems to be a feature of the disease itself rather than a secondary complication due to another organism. Certainly, the great majority of these nasty throats show no particular organism on swabbing and fail to respond to any treatment, such as penicillin. The cases, however, invariably make a complete recovery.

Respiratory infections still form a hard core of acute infections. Lobar pneumonia in young adults has been said to be disappearing recently, but more than a dozen quite typical cases were admitted during the year. There can hardly be any other disease which shows such a gratifying response to penicillin as this; the patient often going from an ill, toxic

and breathless condition, to a state of complete well-being with normal temperature in less than 24 hours, so that it becomes difficult to keep the patient quiet and in bed after this, although X-rays still show consolidation of perhaps even a whole lung. Of these respiratory cases, 13 were classed as lobar pneumonia, 10 as bronchopneumonia, 8 as upper respiratory infections and 2 as influenzal pneumonia. There were no deaths in this group.

There were 41 admissions due to acute infections of the central nervous system. 16 of these were classified as cases of virus meningitis, and all made a complete recovery from this very innocent disease. There were 2 cases of meningococcal meningitis, both of whom recovered speedily with penicillin and sulphonamide treatment. One case of influenzal meningitis recovered on chloromycetin treatment. One case of tuberculous meningitis was diagnosed and later transferred to the Osler Meningitis Unit. This was a little girl of 12, who had had a known tuberculous pleural effusion many years before. Undoubtedly, the recent practice of treating all cases of tuberculous effusion with prolonged chemotherapy would have prevented this case. Three cases of post-infectious encephalitis were admitted, including the 2 already mentioned following chicken-pox.

There were 14 cases of paralytic poliomyelitis admitted during the year. Seven cases were in children under 15 years. Unfortunately, 4 of these will be left with considerable permanent weakness, while the other 3 "got off lightly". Six of these children had not had polio vaccine, although all had an opportunity of having this. Without exception, the parents of these children expressed bitter regret that the children had not been vaccinated when the chance arose. The other child had received its first injection one week before the onset of the illness, before there was time for immunity to develop. Only 1 case was between the age of 15 and 25, and the other 6 cases were between 25 and 40 years. These 6 included the most severe cases and several were left with severe permanent paralysis. There is no room for complacency in this disease yet. Despite the fact that vaccination has been widely offered, and that soon it is likely that the age limit will be raised to 40 years, it remains to be seen how widely this vaccination will be taken up, and how many more people will allow themselves to run the risk of being "shot on armistice day". It was clear that not a single case was admitted from among the many thousands of children and young people who had completed even two injections of vaccine.

Among the 19 cases of measles admitted, there were 3 cases of pneumonia and 2 of otitis media. All recovered completely.

No fewer than 20 lodgers were admitted along with patients, the large majority being mothers accompanying babies. This is a practice which will probably be extended in the future, and is made simple in this unit, due to the high number of single cubicle rooms available. In the case of young babies, it is important only insofar as it allows breast feeding to

continue, but in the case of older children it did at times prove to be of tremendous benefit to the child's morale to have Mum at his side during a hospital illness.

There were 13 cases of influenza and related virus diseases admitted. All of these recovered.

There were 12 admissions for acute tonsillitis. In several of these the disease was complicated by a quinsy. All recovered rapidly.

There were only 7 cases of scarlet fever; all were extremely mild and were usually admitted for social reasons.

6 cases of mumps were admitted, 5 for social reasons and 1 because of orchitis.

5 mild cases of rubella were admitted.

There were only 2 cases of whooping cough admitted—by far the lowest on record. This may well be an effect of the efficient vaccination at present being carried on.

There were 22 cases in which the final diagnosis was not an infectious disease. 6 of these were heart disease of various kinds.

There were 7 deaths in the unit during the year, but only one of these died from a specific infectious disease. This was the premature infant who died from salmonella typhi-murium septicaemia. 4 babies and children, while being isolated here as contacts of infection, died from severe congenital diseases. The primary cause of death in these cases was spina bifida; bone-marrow dysphasia; chronic uraemia following spina bifida; and congenital heart disease. In addition, there were 2 sudden deaths from coronary thrombosis in elderly women.

Among the assorted "other cases" were some of great medical interest.

The most difficult case of the year was a young pregnant woman, who developed septicaemia following pyelitis of pregnancy. Following the septicaemia she developed acute endocarditis and uraemia with suppression of urine for several days. During this period she developed severe haemorrhages and was found to have a serious clotting defect of the blood. She then delivered a stillborn baby on the ward. After this she developed acute pericarditis which, as it healed, caused severe constriction of the heart, causing severe heart failure, with rapidly gathering pleural effusions. This settled in turn and after several months of treatment she made a complete recovery.

During the year, a new look was taken at the treatment of severe dehydration following gastro-enteritis in babies. In the past it has been customary to treat severely ill babies suffering from dehydration with intravenous fluids. However, biochemists have recently said that babies absorb fluid faster from the bowel than from the best intravenous drip, so determined attempts were made to feed by bottle even the most severely dehydrated infants. Of the 11 babies seen suffering from this disease, 5 were so severely dehydrated as to be thought likely to need drips. Bottle feeding with a weak salt solution was tried first in each case. All

the cases responded splendidly to bottle feeding and the dehydration was relieved in a very short time.

There is an obvious application of this to the home treatment and, more important, the home prevention of dehydration. The important point is that feeding by bottle with a weak salt solution will usually prevent dehydration. Milk feeds are useless when the baby is losing salts, as dehydration can still develop. If the feed for 24 to 48 hours is salt solution given in the same amounts as usual milk feed; made up by dissolving a half-teaspoonful of common salt in a pint of water, this will often carry the baby safely over the most difficult part of this illness.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1958

	<i>Admissions</i>						<i>Deaths</i>
Chicken pox	40	—
Glandular fever	38	—
Gastro-enteritis (non-specific)	35	—
Salmonella infection	29	1
Pneumonia	25	—
Virus meningitis	19	—
Measles	19	—
Poliomyelitis	14	—
Influenza	13	—
Tonsillitis	12	—
Infective hepatitis	9	—
Dysentery	9	—
Upper respiratory tract infections (non-specific)	8	—
Skin diseases	7	—
Urinary tract infections	7	—
Scarlet fever	7	—
Mumps	6	—
Enteric fever	6	—
Rubella	5	—

There were 3 cases of each of the following:—

Quinsy; erysipelas; staphylococcal post-operative infections; post-infectious encephalitis.

There were 2 cases of each of the following:—

Megaloblastic anaemia of pregnancy; whooping cough; otitis media; pyorrhoea; cellulitis; ulcerative stomatitis; peripheral neuritis; meningococcal meningitis.

There were single cases of each of the following:—

Herpes zoster; Stevens-Johnson syndrome; food poisoning; giardia lamblia; septic wound; malignant tertian malaria; acute endocarditis; puerperal mastitis; puerperal sepsis; acute infectious

polyneuritis; undiagnosed P.U.O.; mucous colitis; carbuncle; intussusception; carcinoma of colon; ulcerative colitis; pulmonary tuberculosis; primary tuberculosis with erythema nodosum; tuberculous meningitis; influenzal meningitis; polio. vaccine reaction; acute polyarthrititis; acute Type I nephritis; periarteritis nodosa.

There were 22 cases of non-infectious disease.

There were 20 healthy lodgers, most of whom were mothers accompanying babies."

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are as follows:—

						<i>Proportion of whole-time</i>
Dr. F. Ridehalgh, Consultant Chest Physician to the						
United Oxford Hospitals						3/11ths
Mrs. D. Hicks, Almoner, Chest Clinic						3/11ths
Mrs. I. Eagle and Miss G. M. Lawrence, Tuberculosis						
Health Visitors						Whole-time
1 Clerk						3/11ths

Morbidity

Total notifications at seventy are twenty-two less than in 1957, another sharp fall in incidence. Of these cases, only seven were non-respiratory. Sixteen of the thirty-four male respiratory cases, but only five of the twenty-nine female respiratory cases, were sputum positive (directly or by culture) before starting treatment. Thirteen male and seventeen female respiratory cases were classed as minimal: five male but no female cases as advanced. Thirteen male and five female respiratory cases were aged over forty-five on diagnosis.

Mortality

Nineteen patients on the tuberculosis register, twelve male and seven female, died during the year. One man in his sixties, diagnosed with very advanced bilateral tuberculosis, died within three weeks from cardio-respiratory and adrenal failure. One woman of forty-six, diagnosed in 1949, died from chronic fibrocavernous tuberculosis resistant to chemotherapy. One quiescent male case, a respiratory cripple from extensive fibrosis, died after a spontaneous pneumothorax. Two other deaths in chronic cases were due to secondary infection superimposed on severe respiratory disability. Of the four cases coming to notice through the death returns, one man of eighty-three and another of sixty-seven had undoubted active tuberculosis; in one woman of eighty-two the non-pulmonary tuberculosis was not contributory, and in the last case autopsy revealed a non-tuberculous staphylococcal pneumonia. One girl of twenty who had recovered from miliary tuberculosis, tuberculous peri-

TABLE A

New Cases and Mortality during 1958

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—
2—4	—	2	—	—	—	—	—	—
5—9	—	1	—	—	—	—	—	—
10—14	—	1	—	—	—	—	—	—
15—19	1	—	1	—	—	—	—	—
20—24	12	8	—	—	—	—	—	—
25—34	5	7	1	3	—	—	—	—
35—44	3	5	—	1	—	—	—	—
45—54	3	1	1	—	1	1	—	—
55—64	4	2	—	—	—	—	—	—
65 and over	6	2	—	—	3	1	—	—
Totals	34	29	3	4	4	2	—	—

TABLE B

Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1939	98	23	121
1940	111	43	154
1941	113	42	155
1942	126	58	184
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70

carditis, spinal and renal tuberculosis, died tragically from uraemia. In the remaining cases the cause of death was unrelated to the tuberculosis.

Prognosis

A follow up of cases of adult respiratory tuberculosis diagnosed in Oxford since 1953 has been started. A number of patients have left the area and the postal follow up is still under way. The following figures are therefore presented without any claim for statistical completeness, although there is good reason to think that the missing cases will not greatly alter the picture. The summarised findings are as follows:—

1	Total cases followed	410
2	Died: respiratory tuberculosis	2
3	Died: tuberculosis arrested but contributory	5
4	Died: tuberculosis unrelated to cause of death	31
5	Remaining sputum positive and resistant to chemotherapy ..	1
6	Sputum negative, tuberculosis arrested, not fit for work December, 1958	4
7	Well, sputum (culture) negative, living normal life	355
8	Well, sputum negative but with relapse during observation period	12

The two deaths both occurred within a month of diagnosis, one in a woman of twenty-three diagnosed in 1953 with a tuberculous pyopneumothorax and advanced disease of the other lung. The second case was a man of sixty-one, diagnosed in 1957 with very advanced bilateral disease and almost moribund on admission.

In five cases death occurred from a respiratory or cardiac cause. The tuberculosis was satisfactorily controlled but the resultant respiratory insufficiency contributed to death.

The four cases recorded as unfit on 31.12.58 were all diagnosed in 1957. Two of these are severe respiratory cripples although their tuberculosis is under control, the rest have not completed treatment.

One patient remains sputum positive. In this instance the source of primary infection (with an organism resistant to chemotherapy) is known with reasonable certainty. This is the only case in the series in which the initial isolation of tubercle bacilli showed resistant organisms.

Of the twelve cases relapsing, one is a respiratory cripple with repeated readmission in one of which (1955) he had a positive sputum. Apart from this his tuberculosis remains radiologically stable. Nine patients had a symptomless spread of their disease (minimal in all but one) and one an isolated positive culture after stopping chemotherapy. One patient

treated for pulmonary tuberculosis later developed pelvic tuberculosis. One had recurrent stitch abscesses in a thoracoplasty scar. All these cases responded well to further treatment and have since kept well and remained sputum negative.

It seems clear that Oxford is following the national pattern of falling morbidity. At the same time, the considerable proportion of cases, especially men, diagnosed with fairly widespread and infectious lesions suggests that there are still many cases to be found before tuberculosis is eradicated. Our present methods of chemotherapy are highly effective both in achieving sputum conversion and in preventing the emergence of resistant bacilli. Infection with resistant bacilli, although rare, is highly dangerous. Chemotherapy, to be effective, must be intensive and will only prevent relapse if it is prolonged. The minimum period of chemotherapy is one year and the optimum longer in the moderate or advanced case. On the other hand the period of incapacity, and the loss of working time through treatment is steadily diminishing and there is a corresponding fall in the pressure on tuberculous beds especially for women. There should be no relaxation in our present methods of follow-up by clinical and X-ray examination, and regular culture of broncho-pulmonary secretion for tubercle bacilli. The "recovered" case, although marked off the register, should be reviewed at least once a year. Chemotherapy has enabled us to perform cures which by the standards of ten years ago are miraculous: at the same time the final defeat of tuberculosis will only be attained by more case finding and by a great deal of dogged persevering routine follow-up team work by chest physicians, health visitors, social workers, nursing staff and clerks. To all these colleagues, who have worked hard and willingly throughout the year, I offer my best thanks, as I do to the members of the Tuberculosis Care Committee and my colleagues in the Health Department.

Almoner's Report

Although the outlook for the patient with tuberculosis has, during the last few years, altered so radically, the social problems which this disease brings in its train are still considerable. The length of treatment is no longer so formidable and the outcome is bright, but at the time of diagnosis there is still considerable shock, and to the average wage earner there is, for a time, the drastic drop from wages to statutory allowances often entailing a 50% cut to the family budget.

Where the patient is a married man with a family, just at his maximum earning capacity, he is likely to have heavy commitments taken on in good faith before illness came along. Conscious of the ready help of the Care Committee, the Almoners can given patients in this situation assurance of help that makes the acceptance of the immediate treatment much

less fraught with anxiety. Sometimes it is not so much immediate difficulties as the possibility of future financial stress that is menacing and here again knowledge that help will be forthcoming if the situation becomes intolerable is, in itself, steadying.

Our Committee has this year, as in the past, given invaluable support; requests have varied from help with hire purchase, to the cost of moving house, and on to the familiar but invaluable fuel grants which help to put a warmer face on a bleak winter. Particularly welcome have been the Christmas postal orders, which are not tied down to any specific purchase, and are much appreciated. Help with holiday costs was given to five patients who would not otherwise have gone away. Free milk, paid for by the Health Department, is still a help to a number of our patients, and blankets have also been supplied and charged to that department where necessary.

Although the balance of employment is not quite so favourable as in recent years few patients have had long periods off work once they have become fit for work, the majority are able to return to their own or very similar employment and our use of the Industrial Rehabilitation Units has, therefore, become less. The Disabled Resettlement Officer is ever ready to help in placing patients.

We have for the first time for many years no patients in tuberculosis colonies. Quite a large number of older, chronically ill patients still need help especially in the winter and others, while able to work for part of the year, do have periods of hardship owing to intermittent ill health.

The Almoners have, as always, had ready co-operation from the various government departments who come in contact with our patients, and also from many voluntary societies.

The Seal Sale, our main source of income for the Care Committee, has held its own, and I know we shall in the coming year be most grateful both for this money and for the sympathetic understanding of our Care Committee.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a hospital almoner who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1958 and compares this year with the three previous years. It should be noted that the figures given in this table include patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New Patients suffering from:	1958		1957		1956		1955	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis, primary ..	3	—	—	—	2	—	2	2
Syphilis, secondary	—	—	—	—	—	—	1	1
Syphilis, cardio-vascular	2	3	—	—	—	—	—	—
Syphilis of the nervous system	3	—	4	—	—	—	—	—
Syphilis, latent ..	7	7	7	5	10	9	9	4
Syphilis, congenital..	2	1	1	1	2	3	2	4
Total	17	11	12	6	14	12	14	11
Gonorrhoea ..	109	10	63	26	55	29	55	35
Other Conditions ..	157	70	146	63	179	62	149	53
Undiagnosed ..	5	6	6	4	6	5	2	3
Total new patients ..	288	97	227	99	254	108	220	102
Total attendances ..	1102	504	990	450	1045	566	1049	530

Dr. Patrick Mallam, Consultant in charge of the Special Department, when forwarding the report of Miss Jackson, Almoner, again made a special plea for all medical practitioners to take slides for bacteriological examination from all patients with a discharge before commencing treatment. Unless this is done a firm diagnosis is impossible.

Miss Jackson reports as follows:—

“The total number of new patients has risen to 375 in 1958 compared with 326 in 1957. The total number of attendances was 1,606 in 1958 compared with 1,532 in 1957.

There were three cases of primary syphilis. Last year there were no cases of primary syphilis. There were no cases of secondary syphilis but one case of syphilis latent in the first year of infection.

The total of new patients receiving treatment for gonorrhoea rose from 89 in 1957 to 119 in 1958. The number of new male patients rose from 63 in 1957 to 109 in 1958. The figures for the females fell from 26 in 1957 to 10 in 1958.

The total number of new patients being treated for other conditions rose from 219 in 1957 to 238 in 1958. The figures for the males rose from 152 in 1957 to 162 in 1958. The figures for the females rose from 67 in 1957 to 76 in 1958.

The highest percentage of male patients attending the clinic were represented, as last year, by the factory and labouring group and the smallest group was found to be shop and clerical workers. A large percentage of patients are long distance lorry drivers.

The Almoner continues to see male patients where it is thought it might be possible to trace their contact or be helpful for them to see the Almoner and talk over any difficulties which may have contributed to their attendance at the clinic. There are a number of contributory factors when the patient attends this clinic and among the problems which have come to light one of these is that of the person from overseas who has found it

hard to adjust to a different culture pattern and who has become lonely and isolated in the community. Where it has been possible several of these men have been put in touch with local clubs and community centres.

Contact tracing continues in the same way. In the City the majority of the girls who are likely to have casual contacts are known to the Almoner and by seeing the men attending the clinic it is sometimes possible to trace their contact. The majority of the men, however, have only seen their contact the one time and can give little or no specific information about her. Some of the men go with women outside the county, often in London and it is impossible to trace their contact.

The attendance among the men is good and defaulters have only to be followed up by letter. Arrangements have been made by which patients can be, if they so wish, communicated with at an address other than that of their home. There are a number of defaulters among the women. This is because their attendance at the clinic is only one among many social and personal difficulties which have contributed to their social breakdown. In considering this group it is important to see them against the background of past events. The younger age-group of both men and women attending the clinic represent the generation which grew up during and shortly after the last war. Many of them had one or other of their parents away from home during the greater part of their early years, and many of them knew insecure and possibly complicated family life.

The defaulters at the clinic are usually to be found among the more promiscuous girls who do not have regular employment or fixed addresses. These are followed up by letter and by the health visitor. The women attending from the County are more likely to be living in their own homes and to be leading a more regular way of life and it is found that there are few defaulters from the County. This year there have been regular attendances among the patients coming from the County and therefore it has not been necessary to have regular co-operation with the health visitor. There has also been co-operation with social workers.

The problem of emergency accommodation for some of the younger girls attending the clinic has again arisen this year, and it would be helpful if hostel accommodation of some kind were available in the City to meet the needs of these girls. Rehabilitation for some of them is often possible during the time when they are in regular touch with the Almoner and when they are asking for help.

The numbers attending the clinic shows a slight rise as compared with last year. In the same way the pattern of attendance has not altered very much and we are continuing to see, each year, a similar cross-section of the community. The Almoner continues to see the majority of patients and to see them at regular intervals both while they attend the clinic and following their discharge. It is hoped to enable as many as possible of them to use this time in order to sort out for themselves the difficulties, both personal, and environmental, which have contributed to their attendance.

The following figures show the age-groups of the men attending the clinic:—

	15—20		21—25		26—30		31—35		36—45		46—55		Over 55		Total
	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	
Oxford City ..	—	16	—	—	—	—	—	—	14	10	1	1	—	—	140
Oxfordshire ..	—	7	—	—	—	—	—	—	7	1	—	—	—	1	71
Berkshire ..	1	—	—	—	—	1	—	—	7	1	—	—	—	2	36
Total ..	1	23	—	—	20	33	—	1	28	12	1	1	3	—	247

This figure includes patients removed from the register in previous years who returned during the year for treatment.

The following figures show the age-groups of the women attending the clinic:—

	15—20		21—25		26—30		31—35		36—45		46—55		Over 55		Total
	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	M.	S. Sep. Div.	
Oxford City ..	—	16	—	—	11	19	—	—	1	—	—	—	—	—	96
Oxfordshire ..	—	9	—	—	6	10	—	—	1	—	—	—	—	—	60
Berkshire ..	2	2	—	—	3	4	1	—	1	—	—	—	—	—	29
Total ..	2	27	—	—	20	33	1	—	3	—	—	—	—	—	185

This figure includes patients removed from the register in previous years who returned during the year for treatment.

Table showing the incidence of new cases of Venereal Disease in City Residents from 1939—1958

	MALES		FEMALES	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1939	6	44	8	9
1940	30	69	24	14
1941	33	56	33	27
1942	23	34	26	22
1943	22	24	28	34
1944	11	28	15	30
1945	11	24	12	17
1946	23	57	19	15
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6

The Almoner continues to help and encourage patients attending the clinic thus aiming to reduce the incidence of venereal disease in the community."

The health visitor attached part-time to the Special Clinic reported that fifty-two home visits were made to 25 patients during 1958. Twenty patients subsequently attended the clinic. A second visit paid to the five defaulters disclosed that three had moved and two again failed to attend. Eighteen patients had moved, fourteen of these leaving no address; the addresses of the other four were obtained. Nine calls elicited no reply.

(e) VACCINATION AND IMMUNISATION

1. Vaccination against smallpox

Table showing successful vaccinations performed during the year:—

Age at date of vaccination	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Number vaccinated (primary)	933	36	19	9	72	1069
Number re-vaccinated	—	1	21	30	710	762

Of the vaccinations carried out during the year, 234 primary vaccina-

tions and 525 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

During the year three attempts at vaccination were made on four children and two attempts on 27 children without success.

Proportion of babies vaccinated

The number of Oxford babies vaccinated during 1958 while still under one year of age (933) expressed as a percentage of the number of live births registered in the last half of 1957 and the first half of 1958 (Oxford residents) was 63%. Corresponding figures for the last ten years are as follows:—

1949	44%
1950	45%
1951	51%
1952	57%
1953	58%
1954	62%
1955	62%
1956	61%
1957	66%
1958	63%

This relatively high rate is largely the result of the ease with which mothers can have their babies vaccinated at any session of all the child welfare clinics; 78% of all the primary vaccinations are carried out in this way. Among those performed in the first year the proportion is higher still. The local acceptance rate of 63%, although a little lower than in 1957, compares favourably with the national figure of 43% for 1957 (the latest year for which the figure is available).

No serious reactions or complications occurred during the year.

2. Immunisation against diphtheria and pertussis

The arrangements for immunisation, described in detail in the report for 1957, continued unchanged in 1958.

The following table shows the number of primary immunisations completed and the number of re-inforcing injections given during 1958:—

	Age at date of final injection (as regards A) or of reinforcing injection (as regards B)						Total
	Under 1 yr.	1 year	2 years	3 years	4 years	5-9 years	
A. Number of children who completed a full course of primary immunisation							
(i) Triple antigen ..	1085	79	14	8	5	2	1193
(ii) Combined diphtheria-tetanus prophylactic ..	5	6	4	3	3	15	36
Totals	1090	85	18	11	8	17	1229
B. Number of children who were given a reinforcing injection:							
(i) Triple antigen ..	—	1	2	2	47	445	497
(ii) T.A.F.	—	—	—	—	8	113	121
Totals	—	1	2	2	55	558	618

Comments

(1) General practitioners gave 171 of the 1,229 primary courses (i.e. 16%) and 15 of the 618 reinforcing injections (i.e. 2%). All the other injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which the former procedure is available at all child welfare clinic sessions and the latter in relation to routine school medical inspections. Reinforcing injections at school entry were somewhat curtailed in 1958 owing to the priority which had to be given to the poliomyelitis vaccination programme.

(2) Children receiving a full course of immunisation against diphtheria number 1,229 compared with 1,262 in 1957. Those receiving a full course of vaccination against pertussis number 1,193 compared with 1,113 in 1957.

(3) The exact proportion of babies immunised against diphtheria is difficult to estimate accurately. But there is a strong indication that the rate remains satisfactory and is increasing slightly. The health visitors have studied the records of children born in 1956 and still on their visiting list at the end of 1958. There were 1,077 such children, of whom 883 had been immunised. This gives a figure of 82%. Comparable figures for the last seven years are as follows:—

1952	76%
1953	71%
1954	75%
1955	76%
1956	77%
1957	80%
1958	82%

Owing to the frequent movement of families from one area to another it is not considered that the "immunity index" (as calculated for the return to the Ministry) gives an accurate picture of the situation.

(4) The exact proportion of babies protected against pertussis is not known; but with the general use of triple antigen in the City it must be about the same as the figure for diphtheria immunisation—i.e. 82%.

(5) No serious reactions followed the use of triple antigen; nor were any courses incomplete on account of unpleasant reactions.

(6) Estimations, based on notification figures, of the protection conferred by pertussis immunisation are notoriously unreliable. But the Report for 1957 explained that there was a strong indication that the local figures indicated that considerable protection had been conferred. In 1958, however, there was so little whooping-cough in Oxford that no reliable conclusions can be drawn; but it is satisfactory that, as in 1957, no immunised baby was notified as having pertussis in the first year of life. Cases notified were as follows:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Total notifications	3	1	3	1	2	10
Notifications in immunised children	—	1	1	1	1	4

Details of the notified cases in immunised children are as follows:—

Age of child at onset	Antigen used	Interval between last injection and onset	Severity (as classified in M.R.C. field trials)
1 year 3 months	Triple antigen	8 months	Mild
2 years 6 months	Plain pertussis vaccine	1 year 10 months	Very severe
3 years 6 months	Plain pertussis vaccine	2 years 10 months	Mild
4 years	Plain pertussis vaccine	6 years 6 months	Moderate

3. Vaccination against poliomyelitis

The programme which continued throughout the year was notable on account of two peak periods of activity. The first of these occurred during the summer months May to August, when large quantities of Salk vaccine became available, thus enabling a total of 11,563 registered children, expectant mothers and other priority groups to receive two injections. Vaccinations were carried out mainly at schools and at child welfare and antenatal clinics. General practitioners gave most valuable help in connection with the independent schools. By October it was estimated that 79% of all children between six months and 15 years had received two injections.

In September, the Minister of Health announced that arrangements should be extended by the offer of vaccination to those born in the years 1933—1942; to members of hospital staff and their families, and by the

inclusion of third injections. The second period of increased activity followed: by the end of the year, a further 8,822 persons had completed two injections and 1,571 children and others already vaccinated in 1956 and 1957, had been given a third or booster dose. Wherever possible these injections were carried out at schools, colleges, the larger centres of employment and the clinic at 60 St. Aldate's. Evening sessions for adults were also arranged when the demand became sufficiently great to justify these being held. Further special arrangements were made for general practitioners, medical students, ambulance staff and members of their families.

Once again, very few reactions have been reported, and these have all been of a very minor nature.

Of the 6,200 persons in the 15—25 age-group, who had completed two injections by the end of the year, 2,676 (43%) were undergraduates. It is obvious that every effort will be required to persuade young adults to come forward for protection against poliomyelitis, if the high acceptance rate in those under 15 years is to be repeated in this older age-group.

The following table shows the number of persons vaccinated in each group from the inception of the poliomyelitis vaccination scheme in May, 1956, until 31st December, 1958.

Year	Groups eligible	Number completing 3 injections	Number completing 2 injections	Number completing 1 injection	Number registered and awaiting vaccination
1956	Children born 1947—1954	—	174	3	1,550
1957	<i>a.</i> Children born 1947—1956 .. <i>b.</i> General practitioners and families .. <i>c.</i> Ambulance staff and families .. <i>d.</i> Expectant mothers .. <i>e.</i> Hospital staff at special risk ..	—	1,511	125	4,869
1958	<i>a.</i> Children born 1943—1958 .. <i>b.</i> Young persons born 1933—1942 .. <i>c.</i> General practitioners and families .. <i>d.</i> Ambulance staff and families .. <i>e.</i> Expectant mothers .. <i>f.</i> Hospital staff and families ..	1,571	23,233	1,543	240
	Position as at 31st December, 1958 ..	1,571	24,918	1,543	240

4. Inoculation of travellers

During the year persons travelling abroad were given inoculations by the staff of the Health Department as follows:—

					<i>Primary immunisation</i>	<i>Re- immunisation</i>
T.A.B.	..	..	..	..	28	46
T.A.B. and anti-cholera combined	..			..	7	16
T.A.B.T.	..	..	..	..	1	1
Anti-cholera	..	..	..	..	13	12
Anti-typhus	..	..	..	..	3	—
Tetanus toxoid	..	..	..	..	13	1

(f) RINGWORM, SCABIES AND PEDICULOSIS

Ringworm of the Scalp

For the third successive year no case of ringworm of the scalp was discovered. The steady decline in this condition during the past decade is shown by the following figures:—

1948	55
1950	20
1952	10
1954	2
1956	0
1958	0

Scabies

This is another condition showing a welcome decline from the high incidence prevailing in the immediate post-war period.

	<i>Total number of school children treated</i>	<i>Total number of families treated</i>
1948	62	
1949	54	
1950	39	Figures not available
1951	6	
1952	21	8
1953	31	15
1954	31	17
1955	22	12
1956	28	11
1957	7	5
1958	5	5

Pediculosis

During the year, 23,784 personal hygiene inspections were carried out by the school health visitors and out of 11,445 children inspected, 265 were found to have lice or nits in the hair. This represents an incidence of 2.31% compared with 2.58% in 1957 and 2.64% in 1956. Once again special efforts have been made with regard to certain schools which provide an unduly high proportion of cases, frequent re-inspections being carried out. Every effort is made to detect and eradicate infestation in family contacts, but it is notoriously difficult to elicit the co-operation of some members, and particularly elder sisters who have left school and who may well provide a reservoir of infection. Recently, use has been made of a preparation known as "Lorexane" which is much more acceptable for family use than any treatment provided hitherto. This is a high quality shampoo cream containing an odourless insecticide, gammexane, dispensed in collapsible tubes containing sufficient for 8 individual treatments. Two treatments with a week's interval between are desirable, so that one tube is required for every 4 members of the household. Preliminary reports are encouraging and it is hoped that infested adults who have previously evaded treatment will now accept it.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. MARY FISHER,

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A. MATERNITY

(including domiciliary midwifery)

I. Midwives practising in the area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Domiciliary midwives employed by the Local Health Authority	6
(b) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals	33
	—
	39
	==

II. The Domiciliary Midwifery Service

1. General arrangements

All the domiciliary midwifery is carried out by 6 full-time midwives employed by the City Council. Four midwives live in their own homes and two share a furnished flat provided by the City Council.

The headquarters of the service is at the Pupil Midwives' Hostel, 84 Abingdon Road, where the Supervisor of Midwives and eight pupil midwives live.

The supervisor and all the midwives have a car allowance on the essential user basis.

2. Antenatal care for domiciliary cases

The close co-operation between the family doctor and midwife (as recommended in the report of the Maternity Services Committee) has long been a feature of the domiciliary midwifery service in Oxford. Thus every mother booked for domiciliary delivery by a City midwife also books with a general practitioner under the Maternity Medical Service. Antenatal care is carried out by both doctor and midwife in close co-operation. This is facilitated by the record card which remains in the mother's hands, so that it is always available. It incorporates:—

- (1) Obstetric and medical history.
- (2) Results of midwife's antenatal examinations.

- (3) Doctor's observations.
- (4) Results of blood tests.
- (5) Certificate of fitness for inhalational analgesia.
- (6) Record of labour.

At the end of the year 7 regular weekly antenatal and postnatal sessions were held each week by 9 doctors at their surgeries. These are attended by a midwife or a pupil.

Every effort is made to ensure that the full range of routine antenatal blood tests is carried out in every case. Specimens may be collected at the pathological laboratory at the Radcliffe, but most mothers find it easier to attend one of the City antenatal clinics. The following figures show the increasing number of attendances for this purpose over the last 7 years:—

1952	134
1953	224
1954	271
1955	326
1956	352
1957	617
1958	1054

In addition the Supervisor of Midwives took samples at the mother's home on 98 occasions during 1958 at the request of a general practitioner or midwife (compared with 44 occasions in 1957).

Only the 3 unbooked emergency cases failed to have routine antenatal blood tests and in each case these were performed soon after delivery.

The marked increase in the number of tests performed is mainly the result of a concerted effort to have the haemoglobin estimation repeated at 34—36 weeks in every case, with a view to ensuring that *no mother is ever delivered at home unless her haemoglobin level is high.*

3. Maternity Medical Service bookings

The distribution of bookings under the Maternity Medical Service among doctors in practice in the City was as follows:—

40—49 cases	1 doctor
30—39 cases	Nil
20—29 cases	4 doctors
10—19 cases	20 doctors
5—9 cases	15 doctors
1—4 cases	9 doctors

(This omits 3 cases booked by doctors whose practices are mainly outside the City boundary).

In view of the recommendation of the Maternity Services Committee in relation to the qualifications for eligibility of doctors to remain on the Obstetric List, it should be pointed out that many doctors who practice

mainly in the City also book maternity cases in surrounding areas. Thus the figures given above do not represent the total cases booked by each doctor.

4. Work of the individual midwives during the year

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives and by medical students.

A second table gives an analysis of all the domiciliary deliveries carried out during 1958.

Table showing the work of the individual midwives during the year.

	Doctor present at delivery	Doctor not present at delivery	Mis-carriages	Total	Antenatal Visits	Nursing Visits	Postnatal Visits (i.e. after the 14th day)	Total visits
†Midwife A. (East Oxford)	8	19	1	28	350	418	—	768
Midwife B. (Headington)	19	80	—	99	943	1823	17	2783
Midwife C. (Cowley)	21	59	—	80	1513	1775	20	3308
Midwife D. (South and West Oxford)	25	74	—	99	1317	2047	37	3401
Midwife E. (Summertown, Wolvercote and Northway)	18	82	1	101	1230	1961	16	3207
Midwife F. (North and Central Oxford and relief of Supervisor)	15	85	—	100	1341	2027	15	3383
§Midwife G. (East Oxford)	8	37	—	45	903	944	15	1862
	114*	436†	2	552	7597	10,995	120	18,712
Corresponding figures for 1957	66	422	2	490	6752	9416	108	16,276

*This figure includes delivery of 1 County patient at Headington.

† This figure includes delivery of 2 County patients, 1 at Headington and 1 on Slade park.

‡ Resigned 4.4.58.

§ Appointed 15.5.58.

5. Analysis of domiciliary deliveries during 1958:—

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total cases	40	73	82	352	547
Live births	40	75	82	352	549
Still-births	1	—	—	1	2
Twin deliveries	1	2	—	1	4
Death of baby at home ..	—	—	1	1	2
Forceps deliveries	3	1	—	—	4
Emergency obstetric service	2	—	2	4	8
Baby transferred to hospital by "premature baby flying squad"	1	—	—	—	1
Baby transferred to hospital other than by "flying squad"	1	—	—	2	3
Mother and baby transferred to hospital	—	—	1	3	4
Anaesthesia and analgesia:—					
(a) Pethidine	31	40	56	154	281
(b) Gas and air	34	68	79	331	512
(c) Trilene	2	2	—	—	4
(d) Anaesthetics	3	1	—	—	4
Antenatal care:—					
(a) General practitioner and midwife	37	71	76	324	508
(b) Clinic and general practitioner	1	2	5	25	33
(c) Hospital-booked emergencies	1	—	—	2	3
(d) None (emergencies) ..	1	—	1	1	3
Feeding at 14 days:—					
(a) Breast entirely	33	61	65	299	458
(b) Breast and bottle	3	7	7	18	35
(c) Bottle entirely	3	7	8	31	49

(Deliveries of 3 County patients are not included in this table).

Comments on the work of the midwives and on the details of domiciliary deliveries

1. The total deliveries increased during 1958 (550 compared with 488 in 1957). There was a corresponding increase of 1,579 nursing visits.

2. The antenatal visits increased by 845 compared with 1957. This works out at about 13.8 visits to each mother, which is well above the minimum standard laid down in the Ministry of Health's circular on antenatal care of May 1956.

3. There were 39 more primiparae delivered at home than in 1957.

4. If the volume of work remains at this high level the appointment of another midwife must be considered.

5. Doctors were present at 26% of deliveries compared with 16% in 1957 and 13% in 1956.

6. In view of the general agreement that twins should not be delivered at home, the fact that there were 4 such deliveries in 1958 requires comment. In one case twins were diagnosed and the mother was admitted to hospital for mild toxæmia but discharged herself against medical advice almost immediately. Another was a hospital-booked mother who went into premature labour at home—the midwife was called after the first baby's birth; twins had not been diagnosed. The remaining two mothers were suspected of having twin pregnancies and were referred for a consultant opinion. They were not thought to have twins and were not X-rayed—presumably in view of the possible risk of antenatal irradiation. All four mothers had normal deliveries and all the babies survived.

7. The forceps rate was again very low, namely 0.7%.

8. There were 2 stillbirths compared with 1 in 1957 and 3 in 1946.

9. It can be calculated from the figures that 83% of babies born at home were fully breast-fed at 14 days. This is a little higher than the national figure for babies born at home (79.9% in 1957—the latest figure for which it is available).

6. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care, it is inevitable that abnormalities will occasionally arise during labour. Gratitude is due to the hospitals for their constant co-operation in admitting emergencies without question at a moment's notice. This facility, together with the ready availability of the emergency obstetric service, are essential for the safe conduct of domiciliary midwifery. Without this co-operation the general practitioners, the midwives and the mothers could not participate in domiciliary midwifery with confidence.

During 1958 the admission of 15 mothers occurred during labour, compared with 20 in 1957. Calculated as a percentage of mothers delivered at home plus those admitted in labour, this works out as 4.0% in

1957 and 2.6% in 1958. This may indicate an increasingly careful selection of mothers booked for home delivery.

The reasons for admission together with the outcome for mother and baby were as follows:—

<i>Abnormality</i>	<i>End result</i>		<i>No. of cases</i>
	<i>Mother</i>	<i>Baby</i>	
Foetal heart not heard	Forceps delivery	Stillborn*	1
Foetal heart not heard	Normal delivery	Stillborn— anencephalic*	1
Prolonged 1st stage	Caesarian section	Survived	1
Delay in 2nd stage	Forceps delivery	Survived	5
Delay in 2nd stage	Normal delivery	Survived	1
Foetal distress	Normal delivery	Survived	1
Foetal distress	Normal delivery	Stillborn	1
High head, no progress	Caesarian section	Survived	1
Cord presenting	Caesarian section	Survived	1
Premature labour	Forceps delivery	Survived	1
Premature labour	Normal delivery	Stillborn*	1
			—
			15
			==

*These cases are fully discussed in paragraph 9

7. Administration of pethidine

Pethidine was given in 210 cases in which the midwife was acting on her own responsibility (i.e. 48% of cases). Corresponding figures for the last 8 years are as follows:—

1951	27%
1952	48%
1953	52%
1954	56%
1955	54%
1956	51%
1957	43%
1958	48%

8. Gas and air analgesia

Gas and air is made readily available to every mother who wishes to have it. Instruction in its use is always given in the antenatal period unless the mother is already familiar with and confident in it.

During the year 94% of mothers received it. The local figure remains well above the national figure for inhalational analgesia. The latter reached the record figure of 79% in 1957, the latest year for which it is available. In the 24 cases in which it was not given investigation showed the reason to be as follows:—

Born before arrival of midwife	10
Rapid delivery, no time	8
Refused by mother	6
	—
	24
	==

The administration of gas and air, together with pethidine and other sedatives as required, has proved so satisfactory that it has not been considered necessary to equip the midwives with trilene.

9. Perinatal deaths in connection with domiciliary midwifery

Every stillbirth and neonatal death in the first week of life is fully investigated in order to assess its avoidability and to see what lessons can be learned from it.

In order to make the picture complete it is necessary to include three categories:—

- (1) Deaths at home (2 stillbirths and 2 deaths).
- (2) Deaths of babies born to mothers admitted to hospital as emergencies in labour (4 stillbirths).
- (3) Deaths of babies admitted to hospital after delivery at home (2 deaths).

There were thus 10 perinatal deaths associated with the domiciliary service, giving an overall rate of 18 per 1,000 (14 per 1,000 in 1957 and 16 per 1,000 in 1956). This compares very favourably with the national rate of about 37 per 1,000 which has remained virtually unchanged since 1948.

Details of these 10 deaths with notes as to their possible avoidability are as follows:—

(1) Deaths at home

A. Stillbirths.

(1) *Mother aged 19.* First baby. Regular antenatal care by doctor and midwife. Normal pregnancy. Postmortem report: anencephalic foetus.

Conclusion. Unavoidable.

(2) *Mother aged 37.* Third baby. Previous deliveries normal. Regular antenatal care by doctor and midwife; no abnormality other than anaemia which responded to intramuscular iron therapy. Very quick easy delivery after 1 hour 40 minutes labour, 9 days after calculated date of delivery. (But dates vague). No sign of life at birth but intragastric oxygen given for 20 minutes—no response. Postmortem report: Small perforation of R. tentorium cerebelli, inhalation of meconium into trachea and main bronchi, subpleural and subpericardial petechiae.

Comment. Unavoidable.

B. Neonatal deaths.

(1) *Mother aged 22.* First baby. Regular antenatal care by doctor and midwife; normal pregnancy. Normal delivery 13 days after calculated date. Baby weighed $4\frac{3}{4}$ lbs., condition very poor. Gaspd for 18 minutes, then died. Nasal oxygen and lobeline given. Postmortem report: congenital heart defect of Fallot's type plus right-sided aortic arch.

Comment. Unavoidable.

(2) *Mother aged 22.* Second baby; first delivery normal. Regular antenatal care by doctor and midwife; normal pregnancy. Difficult to estimate expected date of delivery owing to irregular menstruation. Labour started 8 weeks before approximate expected date and advanced too rapidly for mother to be admitted to hospital for delivery. Baby's condition at birth fair, weight 5 lbs. Midwife called medical aid and suggested admission to premature unit. This was not achieved and baby died after 22 hours. Postmortem report: infant about 34 weeks' gestation; death due to prematurity and atelectasis.

Comment. This was an unfortunate case in which the baby's relatively high weight, coupled with uncertainty about dates, led to a false sense of security. It is possible that the baby's life could have been saved by early admission to the premature unit.

(2) Deaths of babies born to mothers admitted to hospital as emergencies in labour

A. Stillbirths.

(1) *Mother aged 30.* First baby. Regular antenatal care by doctor and midwife; normal pregnancy. Labour proceeded normally, but foetal heart not heard towards end of first stage. Admitted to hospital. Forceps delivery. Cord tightly round neck 4 times. Stillbirth considered to be due to asphyxia from this cause.

Comment. Unavoidable.

(2) *Mother aged 19.* First baby. Regular antenatal care by doctor and midwife; normal pregnancy. Anencephalic suspected during labour, foetal heart not heard. Admitted to hospital. Stillborn anencephalic foetus.

Comment. Unavoidable.

(3) *Mother aged 37.* Second baby. Regular antenatal care by doctor and midwife; normal pregnancy. Onset of premature labour at 29 weeks. Admitted to hospital. Stillbirth due to prematurity.

Comment. Unavoidable.

(4) *Mother aged 20.* First baby. Regular antenatal care by doctor and midwife; normal pregnancy. Unaccountable variation of foetal heart-rate very early in labour. Admitted to hospital. Normal delivery of stillborn baby. Cause of death: asphyxia due to cord being round neck twice; also round trunk and both feet.

Comment. Baby might have survived if Caesarian section had been performed early; but this is "wisdom after the event".

(3) Deaths of babies admitted to hospital after delivery at home

Neonatal deaths.

(1) *Mother aged 17½.* First baby. Regular antenatal care by doctor and midwife; normal pregnancy. Normal delivery of baby with large spina bifida and other congenital abnormalities. Admitted to hospital; died 2 hours after birth.

Comment. Unavoidable.

(2) *Mother aged 38.* Eleventh baby. Regular antenatal care by doctor and midwife; normal pregnancy. Baby satisfactory at birth. Became snuffly, treated oral penicillin. Cyanotic attacks began on 5th day; baby admitted to hospital. Died aged 1 week. Postmortem showed cause of death to be congenital heart disease.

Comment. Unavoidable.

Of the total of 10 deaths, therefore, 8 were entirely unavoidable in the present state of knowledge. In the remaining 2 cases there is a slight element of doubt, but in neither case was there any failure of antenatal care, unwise selection of the mother for domiciliary delivery or failure of the midwife to take appropriate action.

10. Emergency obstetric service

This service, whose ready availability is essential for the safe conduct of domiciliary midwifery, operates from the Nuffield Maternity Home. It was called out to patients attended by domiciliary midwives in the City on 8 occasions during 1958 and every mother made a good recovery.

Details of the cases were as follows:—

Postpartum haemorrhage from perineal tear	..	..	..	1
Postpartum haemorrhage	..	..	..	2
Postpartum haemorrhage and retained placenta	..	..	..	2
Secondary postpartum haemorrhage	..	..	..	1
Retained placenta and shock	..	..	..	1
Miscarriage	..	..	..	1
				—
				8
				==

In no case was the emergency foreseeable; and in every case there is a record of a satisfactory level of haemoglobin (between 84 and 97%) late in pregnancy.

Discounting the miscarriage there were 7 calls for the service in 547 deliveries. This is not unduly high in comparison with the national figure of 10 per 1,000 domiciliary deliveries reported by the Ministry of Health in an enquiry in the second quarter of 1956.

11. Intra-gastric oxygen in domiciliary delivery

As described in the Report for 1957, each domiciliary midwife is equipped with a portable "Sparklet" apparatus for the administration of

intra-gastric oxygen for resuscitation of the asphyxiated newborn baby. The oxygen can also be given by the intranasal route; alternatively the apparatus can be adapted for use with a mask. The apparatus was used on 7 occasions in 1958.

This method of resuscitation is used on a considerable scale in hospitals, but it seems to be used by relatively few Local Health Authorities. Information as to its value in domiciliary midwifery is lacking, so it seems important to record the details of its use in Oxford and to attempt to assess its usefulness.

Details of the 1958 cases are as follows:—

1. *Normal delivery.* Condition of baby very poor at birth; white asphyxia. Large amount thick mucus extracted.

7 minutes after birth: baby began to gasp every 2—4 minutes; intra-gastric oxygen started.

12 minutes after birth: erratic breathing established.

20 minutes after birth: respiration much improved, colour better; changed to nasal oxygen for a further 15 minutes.

1½ hours after birth: baby's colour good, cried for first time.

2. *Normal delivery.* Doctor present, having been called by midwife because of meconium-stained liquor. Baby in very poor condition at birth; white asphyxia. Airway cleared of meconium and mucus, intra-gastric oxygen started. First gasp almost at once (about 10 minutes after birth). Steady improvement with establishment of regular respiration about 20 minutes after birth. Baby kept under close supervision by paediatric consultant, general practitioner and midwife for the next 12 hours, after which condition was entirely satisfactory.

3. *Normal delivery.* Blue asphyxia with irregular respiration. Oxygen given by mask, with immediate improvement of colour, until regular respiration was established.

4. *Normal delivery.* Respiration slow to become established; oxygen given by intranasal route with steady improvement.

5. *Normal delivery.* Baby blue and limp at birth and did not breathe for several minutes; oxygen given by mask with rapid improvement.

6. *Normal delivery.* Baby in very poor condition at birth. Gaspings respiration; oxygen given by mask. No improvement. Death from congenital heart disease 18 minutes after birth.

7. *Normal precipitate delivery.* Baby showed no sign of life and was in fact stillborn, but intra-gastric oxygen was given for 20 minutes as a forlorn hope.

Comments

In cases 1 and 2 the administration of intra-gastric oxygen was considered by both doctor and midwife to be life-saving.

In cases 3, 4 and 5 the midwives considered that the oxygen was a help and they were greatly relieved to have it available.

In cases 6 and 7 there was no hope of saving the babies, one of whom was dead at birth, while the other had congenital abnormalities incompatible with life.

Precise assessment of the value of the administration of oxygen is clearly impossible. Respiratory difficulties at birth are rare in domiciliary practice, but when they occur it is a very worrying situation for the midwife. The midwives are unanimous in the view that the possession of the equipment makes a substantial contribution to their peace of mind.

As it is of interest to ascertain whether any of these babies subsequently show signs of brain injury it is proposed to follow them up. At the time of writing (May 1959) babies 1—5 are all progressing well with no indication of brain damage.

12. Notifications by midwives to the Local Supervising Authority

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor in cases where he is not present at delivery.

This occurred on 236 occasions during the year, and the reasons were as follows:—

(a) *Mother.*

(i) *During pregnancy.*

Abortion and postpartum haemorrhage	..	..	..	..	..	..	1
Ante-partum haemorrhage	..	..	..	..	..	..	16
Early rupture of membranes	..	..	..	..	..	..	2
Early rupture of membranes—multiple pregnancy	..	..	..	..	..	..	1
Epileptic fit	..	..	..	..	..	..	1
High head	..	..	..	..	..	..	2
Premature labour	..	..	..	..	..	..	10
Pyrexia and cough	..	..	..	..	..	..	1
Raised blood pressure	..	..	..	..	..	..	4
							—
							38
							==

(ii) *In relation to labour and delivery*

Delay in first stage	..	..	..	..	..	..	2
Delay in second stage	..	..	..	..	..	..	15
Delay in third stage	..	..	..	..	..	..	2
Episiotomy	..	..	..	..	..	..	4
Episiotomy (for suturing)	..	..	..	..	..	..	3
Foetal distress	..	..	..	..	..	..	8
High head—ruptured membranes	..	..	..	..	..	..	1
Malpresentation	..	..	..	..	..	..	1
Breech presentation	..	..	..	..	..	..	4

Cord presentation ..	..	..	..	..	..	..	1
Footling presentation ..	..	..	..	..	..	..	1
Meconium-stained liquor ..	..	..	..	..	..	..	1
Obstetric shock ..	..	..	..	..	..	..	1
Postpartum haemorrhage..	..	..	..	..	..	..	9
Postpartum haemorrhage and retained placenta					2
Retained placenta	3
Ruptured perineum	72
Twins	1
Pyrexia in labour	1

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(iii) *Lying-in period*

Abdominal pain	2
Asthma	1
Dysuria	1
Flushed breast	3
Flushed breast and pyrexia	4
Inflamed leg	3
Pyrexia	23
Rapid pulse and flushed breast	1

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(b) *Baby*

Asphyxia	2
Bleeding cord	1
Blood-stained stool	1
Condition unsatisfactory	4
Congenital abnormality of arm	..	..	..	..	..	..	1
Cyanosis ..	..	..	..	..	..	..	1
Discharging eyes ..	..	..	..	..	..	..	10
Premature infant ..	..	..	..	..	..	..	1
Snuffly nose ..	..	..	..	..	..	..	1
Spina bifida ..	..	..	..	..	..	..	2
Stillbirth ..	..	..	..	..	..	..	1
Thrush ..	..	..	..	..	..	..	1
Troublesome cough ..	..	..	..	..	..	..	1
Vomiting ..	..	..	..	..	..	..	1

28

Artificial feeding.

Total notifications received	..	..	..	..	..	410
Bottle in place of breast:—						
Institutions	..	..	..	..	..	162
Domiciliary midwives	..	..	..	..	..	55
Bottle in addition to breast:—						
Institutions	..	..	..	..	..	161
Domiciliary midwives	..	..	..	..	..	32

13. Care of mothers discharged from hospital during the puerperium

Mothers are discharged home to the care of the domiciliary midwife before the tenth day only in exceptional circumstances. During the year this occurred in 118 instances (compared with 76 in 1957 and 61 in 1956).

The reasons were as follows:—

Originally booked by midwife, but admitted to hospital for delivery	..	..	..	..	..	54
Originally booked by midwife, but admitted to hospital during labour	..	..	..	..	..	8
To relieve pressure on beds (usually 8th or 9th day)	..	..				15
Compassionate grounds (baby died or stillborn)	..	..				23
During outbreak of salmonella typhi-murium infection in Nuffield Maternity Home	..	..	..	..	..	14
Mother discharged herself against medical advice	..	..				4
						<hr/> 118 <hr/>

14. Postnatal care for domiciliary cases

Every effort is made to persuade mothers to go to the doctor providing maternity medical service for a postnatal examination. If this has not been achieved by three months after delivery (the statutory limit for inclusion of the examination under the maternity medical service) an attempt is made to persuade the mother to come to an antenatal clinic.

With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March 1959 the position was as follows:—

Total deliveries in 1958	..	..	..	..	..	547
Postnatal examinations carried out	..	..	..	..		437
Postnatal examinations not carried out			..	..	..	44
Unknown	..	..	..	..	..	48
Left Oxford	..	..	..	..	..	18

Of the mothers in whom the result is known (albeit only according to their own statements), 80% had received a post-natal examination.

In view of the fact that much gynaecological trouble results from inadequate postnatal care and treatment, nothing short of 100% (with inspection of the cervix in every case) can be regarded as entirely satisfactory.

15. Training school for midwives

Part II pupil midwives from the Churchill Hospital continued to receive their three months' training with the domiciliary midwives, all of whom are approved to act as teachers by the Central Midwives' Board. The pupils live in the hostel at 82/84 Abingdon Road, which is in charge of the supervisor of midwives. In addition to their practical work on the district they attend child welfare clinics for instruction. During the year 32 pupils were admitted. The C.M.B. Part II examination was taken by all the pupils, 30 of whom passed at the first attempt and 2 at the second attempt. Pupils attended 419 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

16. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe attended 49 domiciliary deliveries during the year, compared with 62 in 1957, 43 in 1956 and 24 in 1955. The experience the students gain in this way is an important aspect of their training, and they show great interest in the work.

17. Postgraduate education of midwives

During the year one midwife attended a recognized postgraduate course at Leeds organized by the Royal College of Midwives. The staff also attend lectures arranged by the local branch of the College. Apart from these activities they are constantly stimulated and kept up-to-date with current ideas by the medical students and pupil midwives whom they teach.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and by the Churchill Hospital maternity department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1952	1953	1954	1955	1956	1957	1958
Hospital deliveries	850 (57%)	895 (60%)	857 (61%)	860 (63%)	866 (63%)	924 (65%)	910 (63%)
Private Nursing Home .. deliveries ..	102 (7%)	89 (5%)	67 (5%)	73 (5%)	65 (5%)	22 (1%)*	—
Domiciliary deliveries	533 (36%)	519 (35%)	475 (34%)	436 (32%)	436 (32%)	484 (34%)	535 (37%)

* The only private maternity home closed during 1957

The number of visits paid by domiciliary midwives in order to assess the suitability of home conditions for a normal delivery was considerably

greater than in any of the preceding five years, as shown by the following figures:—

1950	427
1951	320
1952	357
1953	274
1954	228
1955	209
1956	193
1957	248
1958	341

The following table shows the source from which these patients were referred in 1958 and the results of the investigations:—

Source from which patient referred	Nuffield Maternity Home	Churchill Maternity Department	General practitioners	Total
	92	7	242	341
Recommended for hospital delivery ..	52	3	124	179
Home confinements arranged	36	4	115	155
Miscarried	1	—	—	1
Left district	3	—	3	6
	92	7	242	341

Home confinements were arranged in 45% of the cases compared with 44% in 1957 and 35% in 1956.

IV. Notifiable Infectious Diseases associated with Childbirth

(1) Ophthalmia neonatorum

During the year 50 cases were notified; all occurred in institutional confinements.

(2) Puerperal pyrexia

Of the 100 cases notified during the year, 4 occurred in domiciliary confinements.

(3) Pemphigus neonatorum

No case of pemphigus neonatorum was notified during the year.

V. City Antenatal Clinics

The steady fall in the attendances for full antenatal care at the City clinics continued. Attendances for this purpose numbered 420 compared with 702 in 1957.

When poliomyelitis vaccine became available for expectant mothers in February, 1958, it was decided that the injections could be conveniently

carried out at the three City antenatal clinics, regardless of the place of confinement. This arrangement has worked very well and is particularly convenient for the mothers booked for delivery at home, because they usually receive their first injection when they attend for their routine blood tests. As mentioned in the section on antenatal care for domiciliary cases, the attendances for blood tests has increased considerably. The net result is that the antenatal clinics provide worthwhile and often very busy sessions.

The following table shows the attendances for antenatal care, the blood tests performed for general practitioners and the injections of poliomyelitis vaccine given during the year. It does not include 8 post-natal attendances.

Work done at City antenatal clinics, 1958

Clinic	Full antenatal care		Blood tests at request of of general practitioner	No. of poliomyelitis vaccine injections given
	First attendances	Re-attendances		
Headington	19	141	347	369
East Oxford	16	154	435	484
St. Aldate's	8	82	272	476
Totals	43	377	1054	1329

VI. Maternal deaths

No maternal death occurred during the year.

VII. Perinatal Mortality Survey

In view of the persistently high perinatal mortality rate in the country as a whole in recent years, the National Birthday Trust Fund (with the support of many other bodies) launched a nation-wide investigation into the causes of perinatal deaths in 1958. Every birth occurring in England, Scotland and Wales in the week March 3rd—9th was investigated; also every stillbirth and every death of an infant within 28 days of birth occurring in the months of March, April and May.

The investigation entailed the completion by the midwife concerned of a questionnaire on 8 foolscap pages for each of these births. Information was sought on the mother's social background, her obstetrical history, her antenatal care and her labour; also on the baby's medical history. An attempt was made to have an expert postmortem performed, at recognized centres, on every still-birth and neonatal death. The task was therefore prodigious and involved a great deal of extra work for midwifery, medical and clerical personnel.

The Local Health Authority had the responsibility of ensuring that a questionnaire was completed for every birth in the Survey and for

dispatching it, after checking by the Medical Officer of Health, to the Survey headquarters.

As a result of the presence in Oxford hospitals of two maternity departments which receive patients from a large area, the number of births involved was considerable. They were distributed as follows:—

Live births March 3rd—9th inclusive	..	..	..	54
Stillbirths March, April and May	..	..	..	17
Neonatal deaths March, April and May	..	..	..	25
				—
				96
				==

The checking of these 96 questionnaires took many hours of work and involved several visits to each of the maternity departments for long sessions with the Sisters-in-charge scrutinizing the patients' records in order to rectify omissions and inconsistencies in the questionnaires. The fact that this was necessary illustrates the extreme complexity of the questionnaire and leads to some doubts of the value of the project when applied to the country as a whole. In Oxford the questionnaires were completed in the first instance by responsible senior midwives at teaching hospitals and were subsequently scrutinized with care by the Sister-in-charge before being sent to the Health Department. Nevertheless they almost all needed modification when checked; and it is probable that yet another checking by someone else would have led to the discovery of still more errors.

In spite of all this work the majority of the records were still highly unsatisfactory when sent to the Survey headquarters. The reason for this is that with very few exceptions the hospital cases had part or all of their antenatal care carried out by general practitioners, whose records were not available at the hospital. It was impossible for the checker to find time to obtain the necessary records from these doctors—some of them living many miles away from Oxford. All that could be done was to inform the Survey headquarters of the name and address of the doctor concerned in the hope that the missing information could be obtained. This striking absence of the general practitioners' antenatal records in the majority of hospital cases (whether booked or emergency) underlines the Maternity Services Committee's recommendation on this matter. The maternity services cannot reach maximum efficiency until a way is found of making all the mother's records constantly available to everyone concerned with her care.

VIII. Birth Control

Since 1935 the City Council has continued to hold a weekly clinic, for patients in need of advice on medical grounds, at the Radcliffe Infirmary.

During 1958 there were 59 new patients and 384 re-attendances.

Medical indications in new patients

Tuberculous husband	1
Tuberculous husband and gynaecological trouble	1
Poor general health	1
Poor health associated with frequent pregnancies	28
Poor health and slipped disk	1
Poor health and illness of husband	3
Poor health and epilepsy	1
Poor health and 2 Caesarian sections	1
Puerperal mental illness	3
Invalid husband	4
Mongol child	1
Rh incompatibility and mental illness	1
Habitual abortion	1
Mental illness	2
Epilepsy, illness of baby, recent Caesarian section	1
Recent obstetrical complications	3
Recent obstetrical complications and mental illness	1
Gynaecological conditions	2
Disseminated sclerosis	1
Recent premature baby	1
Anaemia	1
	<hr/>
	59
	<hr/>

Source of new patients

General practitioners	8
Child welfare clinics	9
Health visitors	33
Midwives	5
Nuffield Maternity Home	2
Another patient	1
Almoner and general practitioner	1
	<hr/>
	59
	<hr/>

Results

As before all patients on the register are followed up. If they fail to attend they receive a letter, and if there is no response to this they are visited by a health visitor. The condition of the patient at the end of the year has previously been tabulated in this report according to the year of first attendance. It was pointed out in the report for 1957 that this method of presentation cannot be accurate because a considerable number of patients attend for two or more spells, with intervening pregnancies. In 1958 the situation was much the same as in other years and this table

is now omitted. There were two instances in which pregnancy occurred although the patient claimed to have followed instructions, two in which there was no definite information available and several more in which the patient freely admitted carelessness.

Methods used

Experience shows that mechanical barriers used by husband or wife (plus a chemical barrier) are equally effective, so the choice of method largely rests with the individual couple. Among patients on the clinic register in 1958 the choice was as follows:—

Husband taking precautions	..	..	..	..	..	175
Wife taking precautions	..	..	..	..	..	127
Both partners taking precautions	..	..	..	..	..	5

Supplies by post

Some patients find it impossible to attend the clinic when replacements are needed—particularly the overburdened over-fertile mothers living in outlying parts of the City. In these circumstances supplies are sent by post, or they are occasionally delivered by a health visitor; alternatively a friend or relative collects them from the clinic. One of these methods of delivery was used on 152 occasions in 1958. Thus the record of attendances by patients is an under-estimate of the amount of help given to them.

Comments on the work of the clinic.

No one who works among these patients could have any doubt as to the value of the clinic in the prevention of physical and mental ill-health, marital disharmony and child neglect. A number of instances could be described in which so-called “problem families” have benefited from help. In one case a 25-year-old mother had had 5 babies in the course of 6 years when she first came to the clinic. One infant had died of pneumonia and 3 others were in the care of the Children’s Department. Since that time 4 years have passed without a further pregnancy, the mother’s health has improved enormously and the one child still in her care has thrived. The mother comes regularly for supplies for her husband’s use or sends a relative or friend if she is unable to come in person.

The clinic is valuable for the instruction of medical students and student health visitors. Many of the latter have had no previous instruction in this subject, which is of such vital importance in their work.

B. CHILD WELFARE

I. Premature Babies

During 1958 there were 91 live births of premature babies weighing $5\frac{1}{2}$ lbs. and under and 16 stillbirths. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1957 were 83 live births and 11 stillbirths). Their weights, place of birth and survival are shown in tabular form.

Comments

(i) The 91 live-born premature babies represent 6.4% of the 1432 notified live-births to Oxford residents.

(ii) Of the total 32 notified stillbirths to Oxford residents, 17 were premature.

(iii) It is the policy in Oxford to arrange for as many as possible of the premature births to take place in hospital, where excellent facilities for the babies' care are available. This is achieved by the careful selection of cases for domiciliary delivery and the admission to hospital as an emergency of a mother unexpectedly going into premature labour. If admission of a premature baby after birth at home is indicated, the "Premature Baby Flying Squad" is available at the Nuffield Maternity Home to transport it. Premature babies are kept in hospital until they are well established. In view of these arrangements it has not been considered necessary to have special nurses for looking after premature babies at home.

Reference to the table shows that of the 91 premature births occurring in 1958 only 20 took place at home. Of these 4 were admitted to hospital and survived 28 days. Of the 16 nursed at home, 14 survived 28 days. Of the whole group of 91 premature babies 75 (or 82%) survived 28 days.

(iv) A concerted effort is made by the hospital paediatric department, the general practitioners and the Health Department in the after-care of premature babies, with particular reference to their nutritional requirements—especially in the prevention of nutritional anaemia.

II. Child Welfare clinics

(a) Staff

Each clinic is staffed by a medical officer, one or two health visitors and a number of voluntary workers.

The medical staff is composed as follows:—

Full-time staff of the Health Department 16 sessions per week

Part-time staff of the Health Department 5 sessions per week

(b) The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, for weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

The fact that clinics are appreciated is shown by the number of City

Weight, place of birth & survival of premature babies (corrected notifications 1958)

Weight at birth	PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS	
	Born in hospital			Born and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less	10	5	5	—	—	—	—	—	—	5	—	
3 lb. 5 oz.—	11	3	7	—	—	—	3	—	3	8	—	
4 lb. 6 oz.	13	1	9	1	1	—	1	—	1	3	—	
4 lb. 7 oz.—	37	1	36	15	1	14	—	—	—	1	—	
4 lb. 15 oz.												
5 lb.—												
5 lb. 8 oz.												
Totals	71	10	57	16	2	14	4	—	4	17	—	

children under 1 year who attended for the first time during the year. These represent 91.97% of the registered live-births. Figures for the last five years are as follows:—

1954	91.29%
1955	88.67%
1956	87.26%
1957	90.72%
1958	91.97%

Total attendances show an increase of over four thousand compared with 1957. This increase is largely a reflection of the poliomyelitis vaccination drive. Directly the Salk vaccine became freely available at the end of May, it was offered to pre-school children at every clinic session. This involved a great deal of extra work for everyone concerned (including the voluntary workers, to whom special thanks is due). At the busier clinics it also meant postponement of routine birthday examinations and of the administration of triple antigen.

The figures showing clinic attendances do not include the attendances of children at the weekly session held by the partnership of three general practitioners (with the help of the health visitor attached to the practice). This results in an underestimate of the total attendances. It is hoped that these figures will be available for the 1959 report.

(c) Medical Work at clinics

The medical officers at the child welfare clinics continued to keep a record of their work. There were 1073 sessions at which a doctor was present and altogether children were seen by a doctor on 19,097 occasions.

The following table gives a summary of the reasons for which a child was seen by a doctor:—

Vaccination against smallpox (performance or follow-up)	2131	} 61%
Triple antigen injections	3367	
Other prophylactic injections	49	
Poliomyelitis vaccine injections	6372	
Routine medical inspection—		
first	1311	} 16%
subsequent	1798	
Consultation in relation to a problem	3173	} 23%
Follow-up of medical inspection or consultation ..	1262	

(An individual consultation may figure in more than one category; for example a child may come for a routine birthday examination and be immunised at the same time).

The routine medical inspections brought to light a number of con-

Attendances at Child Welfare Clinics.

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	Number of attendances made by children who at their first attendance were			Total attendances	Number of sessions	Average attendances
		1958	1957	1956-53		Under 1 yr	1 but under 2 yrs	2 but under 5 yrs			
Bury Knowle, Headington (2 clinics weekly)	164	135	173	249	557	2272	488	796	3556	103	34.52
Barton	71	57	47	3	107	1190	221	266	1677	52	32.25
Cowley	97	93	112	107	312	1523	334	347	2204	50	44.08
East Oxford (2 clinics weekly)	176	152	132	87	371	2566	580	476	3622	100	36.22
New Hinksey	68	57	52	58	167	1092	385	210	1687	52	32.44
St. A ldate's (2 clinics weekly)	94	94	104	130	328	1708	471	351	2530	100	25.30
Summertown	90	85	94	128	307	1277	253	156	1686	52	32.42
Slade Park (2 clinics weekly	148	136	99	361	596	1976	574	888	3438	104	30.06
New Marston (2 clinics weekly)	142	132	158	152	442	2450	562	250	3262	163	32.64
Wolvercote	39	31	35	59	125	651	247	92	990	51	19.41
Donnington (2 clinics weekly)	123	114	114	204	432	2007	491	463	2961	104	28.47
G.F.S. Hall, Woodstock Road (2 clinics weekly) ..	139	119	122	143	384	2007	665	351	3023	100	30.23
North Way	60	60	45	126	231	877	171	200	1248	51	24.47
Rose Hill Community Centre	26	22	28	50	100	373	207	147	727	51	14.25
	1437	1287	1315	1857	4459	21,969	5649	4993	32,611	1073	30.39

The following figures indicate the number of attendances made by children (included in the above table) who live in the County but attend the New Marston, Slade Park, Barton and Wolvercote clinics

115	111	113	94	318	1776	263	147	2186
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Most of the County children attend the Marston and Slade Park clinics. Oxfordshire County Council contributes on a proportional basis to the running expenses of these two clinics.

ditions not already receiving attention but requiring either treatment or further observation. They were classified as follows:—

	<i>First inspection</i> (usually in early weeks of life)	<i>Subsequent inspection</i> (usually at 1st, 2nd, 3rd and 4th birthday.
Nutritional and dietetic	160	35
Eyes	36	36
Ear, nose and throat	10	17
Umbilical	73	5
Genital organs	34	43
Pallor	10	18
Orthopaedic	5	77
Skin	98	50
Miscellaneous	48	81
	<hr/> 474 <hr/>	<hr/> 362 <hr/>

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	<i>Consultation</i>	<i>Follow-up of inspection or consultation</i>
Feeding problems and gastro-intestinal conditions (including failure to gain weight) ..	626	402
Mental and psychological	57	35
Eyes	244	106
Ears	169	13
Respiratory system	443	46
Mouth	74	28
Pallor	84	139
Sleep	139	74
Skin	513	153
Orthopaedic	117	71
Genital organs	87	33
Umbilicus	61	99
Prematurity	1	41
Trauma	97	3
? Fit for prophylactic procedure	331	10
Mother's health	149	17
Miscellaneous	192	55
	<hr/> 3384 <hr/>	<hr/> 1325 <hr/>

The following table shows the number of children who were referred elsewhere for treatment:—

Family doctor	..	..	..	..	..	136
*Orthopaedic department	..	..	..	..	..	3
*Eye hospital	..	..	..	..	..	14
*Other hospital departments	..	..	..	..	..	17
						<hr/> 170 <hr/>

* In these cases the family doctor is always informed of the referral and the consultant's findings.

Comments

The poliomyelitis vaccination campaign makes detailed comparisons with other years impossible. Individual children were seen by a doctor on 19,097 occasions compared with 12,703 occasions in 1957—an increase of 6,394, which compares very closely with the 6,372 injections of poliomyelitis vaccine. Birthday examinations were 176 fewer but triple antigen injections were 339 more than in 1957.

The defects found on routine examination and the reasons for consultations or follow-up show much the same pattern as they have shown in previous years.

By one means or another defects in children are nearly always discovered before school entry. In 1958 only one "defect" not previously recorded came to light. This was a slight cardiac murmur, which is probably of no clinical significance.

Tuberculin jelly testing

Throughout the year routine jelly testing was carried out at each birthday examination (except in children who are known contacts of tuberculosis). Positive reactions were found in 0.06% of the children tested.

Figures from 1951 when routine testing was started are as follows:—

1951	0.54%
1952	0.32%
1953	0.45%
1954	0.54%
1955	0.10%
1956	0.12%
1957	0.12%
1958	0.06%

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction ..	202	578	395	266	138	1579
Positive reaction ..	—	1	—	—	—	1
Totals	202	579	395	266	138	1580

Note on positive reactor

The positive jelly test was followed by 1/1,000 and 1/100 Mantoux tests, both of which were negative. The jelly test was therefore classed as pseudo-positive and no further investigations were carried out.

It should be added that routine tuberculin jelly tests are also carried out on children attending the Day Nurseries. During the year a positive reaction occurred in a child aged 1 year and 7 months living in Oxfordshire and attending Florence Park Day Nursery. Further investigation showed that the child had a primary complex needing hospital treatment. The source of infection has unfortunately not been ascertained, owing to failure of the family to co-operate.

Loan of test-feeding scales

Accurate scales are loaned to mothers with breast-feeding problems for use at home at the request of general practitioner, clinic doctor, health visitor or midwife. This occurred on 154 times in 1958.

(d) Food and medicaments

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic session and at the voluntary Mothercraft Clinic.

We were extremely fortunate in having the services of voluntary workers who carry out the exacting tasks of distribution at all the clinics.

The number of items of Welfare Foods distributed during the year (with 1957 figures for comparison) was as follows:—

	At Health Department		At Clinics		Total	
	1957	1958	1957	1958	1957	1958
Tins of National Dried Milk	18,720	17,078	27,728	23,141	46,448	40,219
Bottles of National Cod-liver Oil Compound...	2,984	1,841	7,819	5,489	10,803	7,330
Bottles of Concentrated Orange Juice ...	31,367	21,294	60,556	43,138	91,923	64,432
Packets of Vitamin and Mineral tablets ...	2,961	2,710	3,609	3,509	6,570	6,219
	56,032	42,923	99,712	75,277	155,744	118,200

(These figures do not include items issued to hospitals or other institutions.)

The marked decrease in the number of items distributed (with the exception of the vitamin and mineral tablets) is not easy to explain. The arrangements for distribution have not changed, but the factors contributing to a much smaller decrease in 1957 continued to operate in 1958. These were the increased cost of National Dried Milk, the reduced

dosage of codliver oil and the reduction in the age of eligibility for orange juice from 5 to 2 years.

During the year 704 tins of National Dried Milk were issued free of charge in cases of financial hardship.

No proprietary dried milk or other food is stocked at the clinics, but a small range of minor medicaments is kept for issue to mothers when necessary. This includes a vitamin A and D concentrate (for babies under the age of two years who cannot take National Codliver Oil compound and who are not having a dried milk fortified with vitamin D), and an iron preparation for the prevention and treatment of nutritional anaemia.

(e) Teaching of medical students

Medical students from the Radcliffe Infirmary, during their six months' training in obstetrics and gynaecology, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

(f) Liaison with paediatric department

Any assistant medical officer who is free may attend the post-graduate paediatric ward-round at the Radcliffe Infirmary on Saturday mornings. This provides a most valuable opportunity for keeping abreast with current paediatric practice.

(g) Liaison with the psychiatric services

Departmental medical officers and health visitors have attended the weekly lectures or case conferences held at the Warneford Hospital during the University terms.

III. The early ascertainment of Handicapped Children

Since June 1954 the Senior Assistant Medical Officer for Maternity and Child Welfare has kept a register of potentially handicapped babies. Initial notification is provided by the health visitors and the progress and needs of each case are discussed at intervals by the Senior Assistant Medical Officer and the health visitor concerned. The great need of the parents of mentally or physically handicapped children for guidance and moral support is becoming more generally recognized. The health visitors endeavour to fulfil this need in co-operation with the hospitals and general practitioners.

Information about these children is passed on to the School Health Service when it becomes clear that some special action will have to be taken. Thus no handicapped child should reach school age without previous assessment of his special needs.

During 1958 sixteen new cases were registered. The nature of the handicap was as follows:—

Blindness and mental retardation	1
Deafness	1
General retardation	1
Imperforate anus and congenital glaucoma	1
Mental retardation	1
Mental retardation with congenital abnormalities and generalized hypotonia	1
Lumbar meningo-myelocele and talipes	1
Mongolism	4
Mongolism and congenital heart disease	2
Partial cleft palate, possibly deaf with mental retardation	1
Spasticity of legs	1
Spina bifida	1
	—
	16
	==

At the end of the year one of these children had died and the rest were receiving good care at home.

IV. Infant deaths in 1958

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in Insti - tutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
1. Prematurity ..	4	—	—	—	4	—	—	—	—	4	4
2. Prematurity and atelectasis ..	2	—	—	—	2	—	—	—	—	2	2
3. Prematurity and intracranial haemorrhage ..	4	—	—	—	4	—	—	—	—	4	4
4. Prematurity and Salmonella typhi- murium enteritis	—	1	—	—	1	—	—	—	—	1	1
5. Prematurity and haemolytic disease	1	—	—	—	1	—	—	—	—	1	1
6. Prematurity and congenital malform- ation	2	—	—	—	2	—	—	—	—	2	1
7. Prematurity and plumonary haemorrhage ..	1	—	—	—	1	—	—	—	—	1	1
8. Prematurity and extra-uterine pregnancy	1	—	—	—	1	—	—	—	—	1	1
9. Prematurity and anoxia (accidental haemorrhage) ..	1	—	—	—	1	—	—	—	—	1	1
10. Congenital malform- ations	2	1	1	—	4	1	1	1	—	7	6
11. Intussusception ..	—	—	—	—	—	—	1	—	—	1	1
12. Haemolytic disease	2	—	—	—	2	—	—	—	—	2	2
13. Pneumonia ..	—	—	—	—	—	—	1	—	—	1	—
14. Pneumonia? (fibro- cystic disease) ..	—	—	—	—	—	—	1	—	1	2	2
	20	2	1	—	23	1	4	1	1	30	27

Comments

The 30 deaths of infants under one year represent an infant mortality rate of 20.93, only slightly below the national figure of 22.5. Of the 30 deaths, 23 occurred in the first month of life and as many as 20 in the first week. Sixteen of the 20 babies who died in the first week of life were premature, but the table shows that in most cases there were other factors associated with the death.

Among the 10 babies dying after the first week of life it is probable that 7 were due to congenital defects and can therefore be classed as unavoidable in the present state of knowledge.

V. Nurseries

(a) Day nurseries

The two day nurseries continued to admit children under the age of 3 years who cannot be cared for adequately by their mothers owing to some special hardship.

Details of attendances and staffing during the year are given in the following table:—

	No. of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	28	7	14	7	7.9	8.9	4
Florence Park	30	31	5	19	10	13.1	7.2	4

Reasons for admissions of new children during 1958 were as follows:—

	<i>Botley Road</i>		<i>Florence Park</i>
Bad housing conditions	4		3
Illegitimate children	13		19
Parents separated or mother widowed ..	5		7
Illness of parent	9		1
Doctor's recommendation	4		6
	—		—
	35		36
	==		==

There were vacancies in both nurseries throughout most of the year, but in comparison with 1957 there was an increase in the number of new children admitted, the number on the register at the end of the year and the average daily attendance. The new admissions in 1958 included 1 Berkshire child at Botley Road Nursery and 5 Oxfordshire children at Florence Park. In these cases the County authority is responsible for the payment of the full cost.

The decision to admit a child is the responsibility of one of the assist-

ant medical officers, who investigates the case fully and sanctions admission only if it is considered to be in the best interests of the child.

The maximum charge of a child's maintenance at the nursery was 11/6 per day. Parents are assessed according to income subject to a minimum charge of 1/- per day.

The following table shows the assessments for City children on the register at 31st December, 1958.

<i>Assessed to pay</i>			<i>Botley Road</i>	<i>Florence Park</i>
11/6 per day (maximum)	..	..	2	1
11/2 to 8/1 per day	..	..	1	1
7/- to 2/6 per day	..	..	4	5
2/- to 1/1 per day	..	..	6	3
1/- per day (minimum)	..	..	7	14
			—	—
			20	24
Children from other Authorities	..	..	1	5
			—	—
			21	29
			==	==

Both nurseries provide training facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

No students were sponsored by the Health Department during 1958.

(b) Nurseries and Child Minders Regulation Act 1948

Details of registration under this Act are shown in the following table:—

	Number registered at 31.12.58	Number of children pro- vided for
Premises	5	126
Daily Minders ..	3	30

Regular visits are paid to these premises and child minders by the Superintendent Health Visitor.

(c) Red Cross Creche

The creche, staffed by the British Red Cross Society, continued to operate on one afternoon a week at the Alexandra Court clinic.

Forty-four children, ranging in age from a few weeks to five years, were on the register during the year.

VI. Care of Illegitimate Children

There were 117 illegitimate live-births to Oxford residents in 1958. This represents 8.2% of all live births, compared with 7.7% in 1957.

Unless their parents are living in "stable union", illegitimate babies must be considered to be handicapped from birth. It is thus necessary to provide help for them and their mothers over and above the services available for other mothers and children. To meet these needs the City Council provides a mother and baby hostel and arranges for the provision of a special social worker.

(a) Mother and baby hostel

The hostel admits mothers in pregnancy when the need arises. They have their babies in hospital and return to the hostel where they remain until the baby is established and a plan for its future care can be made without haste. During 1958 a very happy arrangement became established whereby residents at the hostel are employed in daily domestic duties at the Pupil Midwives Hostel. This is within easy walking distance and the mothers can take their babies with them. Two of these girls subsequently joined the resident staff at the hostel, with their babies. In addition the Mother and Baby Hostel itself took two mothers, again with their babies, on the resident domestic staff. Other mothers were able to obtain part-time daily work elsewhere.

When vacancies occurred at the hostel cases were admitted from Oxfordshire County Council, who were responsible for the full cost of maintenance. In addition several homeless married women with babies were admitted.

There is an annexe, consisting of a single room and toilet facilities, in which a homeless woman can be given overnight accommodation.

Admissions and discharges during the year (excluding the annexe) were as follows:—

	<i>Admissions</i>	<i>Discharges</i>
Mothers	39	35
Babies	33	29

The average length of stay was as follows:—

Antenatal	8 weeks
Postnatal	10 $\frac{3}{4}$ weeks

The disposal of the 23 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.) ..	11
Mother to own home, baby to foster parents	1
Mother to resident post, baby taken into care by Children's Department	1
Mother married, baby temporarily to foster home	1
Mother to hospital to complete training, baby to foster home ..	1
Mother to lodgings, baby taken into care by Children's Department	1
Mother to own home, baby for adoption	4

Mother to domestic post, baby to foster home	..	..	..	1
Mother to lodgings, baby for adoption	..	..	..	1
Mother married, baby temporarily to foster home—for adoption later	..	..	..	1

This pattern is much the same each year, in that about half the mothers leave the hostel with their babies and have a good prospect of giving them adequate care.

(b) Provision of special social worker

The City Council pays an annual grant to the Oxford City Moral Welfare Association (£400 in 1958) for the services of their moral welfare worker, who works in close co-operation with the Health Department and attends the monthly meetings of the House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. Holman, for 1958:—

“During 1958 one hundred and five new cases were referred for help, and 57 of those referred in previous years were still being dealt with, making a total of 162. Of the 105 new cases, 92 concerned illegitimate pregnancies, 11 were “preventive” cases and 2 were family problems.

Quite a number of the “old cases” included are those in which payments are administered for the maintenance of children by private agreement between the parents. Towards the end of the year I came to the conclusion that too great a part of my time was being given to this, and greater efforts are now being made to encourage the mothers to apply for affiliation orders. All those applied for were successful, save one.

Of the 105 new cases by far the greatest number—65—were referred through the Health Services, by doctors, health visitors, almoners, midwives, etc.; 19 were referred by employers, friends or on personal application and the others by various social workers and the clergy.

Four expectant mothers were aged 16 and 12 were 17 years of age. Sixty-four had their homes in the area, the others being in lodgings or resident employment in the City. The illegitimacy cases included 11 married women.

Wherever possible contact was made with the putative father, and financial assistance obtained from him if paternity was admitted or proved. Contact was made with 52 of the alleged putative fathers. Some financial assistance was obtained from 40 of them, 8 affiliation orders have been obtained and 2 are pending.

In the new illegitimacy cases 51 women named the father of the expected child. Of these 28 were alleged to be American Servicemen, 6 were from Commonwealth countries and 6 were of other nationalities. At the end of 1958 sixty-six of the 113 mothers had their children with them either at home, in lodgings or in resident employment. Fourteen girls were still in Homes with babies. Three mothers were in touch with babies placed in foster homes. In 5 cases the baby was received into care by the

Children's Department, and 5 were received by voluntary societies. Twenty babies were placed for legal adoption by diocesan adoption societies or the Church of England Children's Society.

Twenty-six girls from the City area were admitted to Clark's House through me; 29 went to Moral Welfare Homes away from Oxford, where all except one were maintained from their own resources and by relatives and/or putative fathers.

The City day nurseries continue to make it possible for a number of mothers to keep their babies. Difficulties are apt to arise when the child is too old for the day nursery—the nursery school hours being shorter and only caring for the child in term time. More help is needed from the community for mothers obliged to take full-time employment whose children are at school.

The problem of accommodation for a mother with a child is as acute as ever. Some have been able to remain at Clark's House for most of the first year of the child's life, thus giving it an excellent start, but there is a real problem after that. If the Moral Welfare Association is able eventually to provide some hostel accommodation consideration might well be given to the question of whether provision might be made for mothers and babies no longer eligible for accommodation at Clark's House—possibly in bed-sitting rooms where a maximum of independence could be encouraged.

Though the numbers of preventive cases continue to be small a good deal of case-work is usually needed. More preventive cases referred might well help to lessen the continuing high illegitimacy rate, but most parents and young girls find it difficult to accept the need for referral to a Social Worker at that stage.

I have attended 66 meetings of various kinds and gave an address at 15 of them. These addresses are often about the work being done by the Association in the City. Some have been linked up with the part of the Lambeth Report dealing with the Family in Contemporary Society, and some have been on the problems of adolescence.

In the spring the Committee decided that secretarial help was urgently needed, and I have been greatly assisted by Mrs. Mason who was appointed in May and who works 10 hours per week in the office.

Transport continues to be a problem. Several voluntary helpers have given up their time driving me on rounds of visits and I am still able to use the W.V.S. cars when a driver is available, but most of the visiting is done by means of bicycle and the bus service. This is of necessity very time-consuming, and I am glad to know that the Committee is seriously considering the provision of some form of motor transport in order to make it possible for me to do more home visits.

We were not able to move the office to 7 Monmouth Road until the end of June owing to delay in getting the telephone moved, but it is

certain that the move has been advantageous both for me personally and for the work. More office interviews are possible and much more time can be given to them. Those in need of help can find me more easily and facilities for those waiting for interviews are much more satisfactory. May I offer my thanks to all those Committee members who have brought about this great improvement."

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICE

Report by C. H. I. MILLAR, B.Sc., L.D.S.,
Principal Dental Officer

Inevitably, with the resignation late in 1957 of Mr. Barnett, the officer hitherto concerned with the Maternity and Child Welfare Service, the amount of treatment which could be provided fell in the past year. The decline in numbers treated only indirectly reflects the straitened circumstances of the Local Authority dental services, however. As outlying clinics have had to be closed for lack of officers to man them and treatment sessions to be held mainly at St. Aldates, there has been a decline in demand for treatment, in part due to the inconvenience of having to travel into the city to the Clinic. This must be the deciding factor in persuading many patients to make arrangements for treatment with dentists practising under the National Health Service rather than attend the clinic.

As almost all forms of dental treatment for Maternity and Child Welfare cases are also provided free of charge under the National Health Service, this has an understandable attraction compared with what is probably widely thought to be a "depersonalised" public dental service.

There are certainly no grounds whatever for believing that the decline in demand for treatment at the clinics indicates that most expectant and nursing mothers are not having necessary treatment. Undoubtedly, the great majority are following the advice given by the medical officers and midwives and are attending their own private dentists for treatment. In Oxford, they are in the fortunate position of being able to do so fairly easily because of the high concentration of practitioners in the city, compared with much of the rest of the country.

(a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and nursing mothers	4	4	4	4
Children under five	19	16	16	5

(b) Forms of dental treatment provided

	Extrac- tions	General anaes- thetics	Fillings	No. of inlays	No. of crowns	Scalings and gum treatment	Radio- graphs	Silver nitrate treatment	Dentures	
									Complete	Partial
Expectant and nursing mothers	2	—	20	—	—	4	—	—	—	—
Children under five	14	3	15	—	—	—	—	5	—	—

SECTION VII

MENTAL HEALTH

Report by G. F. WILLSON, M.D., D.P.H.

Deputy Medical Officer of Health.

In May 1957 there appeared the report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency. This led directly to the major event of 1958, the publication in December of the Mental Health Bill.

One of the main objects of previous legislation has been the segregation of the mentally disordered from the general public. Under the new Bill, the former are regarded (subject to certain safeguards) as possessing the same freedoms and rights as patients with physical illness and the new emphasis on their care in the community will throw greatly increased responsibility on to the local authorities. An appreciable number of mentally disordered patients live in hospitals and institutions, not because they need or can benefit from any medical treatment, but because they have nowhere else to go. Many of these are "institutionalised", that is, have ceased to think or to make any effort on their own account and have come to depend upon and expect the services and support that are always available to them in hospital. By vigorous efforts at rehabilitation their social potentialities may be developed so that, once more, they are able to participate, to some extent, in life beyond the hospital gates. Some may live with relatives but will need regular supervision so that the early signs of deterioration may be recognised and to enable adequate support to be given to those caring for them. This supervision will need to be provided by the local authority. Some patients without suitable friends or relatives will need to be accommodated in homes or hostels also run by the local authority. Here it will be most important to avoid the mental stagnation which all too often accompanies institution life and this will be greatly aided by maintaining an atmosphere as much as possible like that of a normal family home.

It is clear that the full possibilities resulting from the integration of ex-hospital patients with the community can only be realised if the public is prepared to accept such patients in its midst. It is fundamental that residential accommodation is sited conveniently for the residents to take full advantage of the utility and social services provided by the area, but it is this very integration, when sites have to be found in residential areas already largely built-up, which might lead to some difficulties in the early stages if prejudice exists.

1. Administration

(a) Mental Health Sub-Committee

Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 2 co-opted members.

(b) Staff

(i) Medical

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

(ii) Non-Medical

1 Senior Mental Health Officer (male), full-time;

2 Mental Health Officers (1 male, 1 female) full-time;

1 Clerical Assistant (female) full-time.

These officers undertake social and community care for both mental defectives and mental patients. A rota of duty has been arranged so that one mental health officer is always available to deal with emergencies. There is an arrangement for mutual help between mental health officers of the City and County of Oxford to cover such factors as holidays and illness.

(c) Co-ordination with Hospitals

The Management Committees of Littlemore Hospital and of the Warneford and Park Hospitals each contain two members of the Mental Health Services Sub-Committee. The Medical Officer of Health is a member of the Warneford and Park Hospitals Management Committee and the Deputy Medical Officer of Health is a member of the Littlemore Hospital Management Committee.

The mental health officers have continued to attend regularly at out-patient clinics, case reviews and clinical meetings at the Warneford Hospital and we are most grateful to Dr. McInnes and his staff for making these facilities available.

The mental health officers have also provided after-care for certain patients discharged from Littlemore Hospital during the year. There is no doubt that the successful implementation of the recommendations and duties contained in the Mental Health Bill will require considerable extension and development of closely integrated services on the part of hospital and local authority, but at least a start has been made.

At the end of October Dr. R. W. Armstrong relinquished his position as Physician Superintendent of Littlemore Hospital, a post which he had held for 22 years. We take this opportunity of thanking him for his help in the past and wishing him well in the future. In his place we welcome Dr. B. M. Mandelbrote, at present Physician Superintendent of Coney Hill and Horton Road Hospitals, Gloucester, who will take up his duties later this year.

(d) Duties delegated to Voluntary Associations

No duty of the local authority has been delegated to voluntary associations.

The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health and has also made a grant to the National Association for Mental Health.

(e) Training of Mental Health Workers

An important aspect of this training has been considered in paragraph (c) above. In addition, one mental health officer attended the two day annual conference of the National Association for Mental Health and two members of the staff of the Occupation Centre attended a refresher course arranged by the National Association for Mental Health.

2. Account of work undertaken in the Community

A. Under section 28, National Health Service Act, 1946

Prevention, care and after-care.

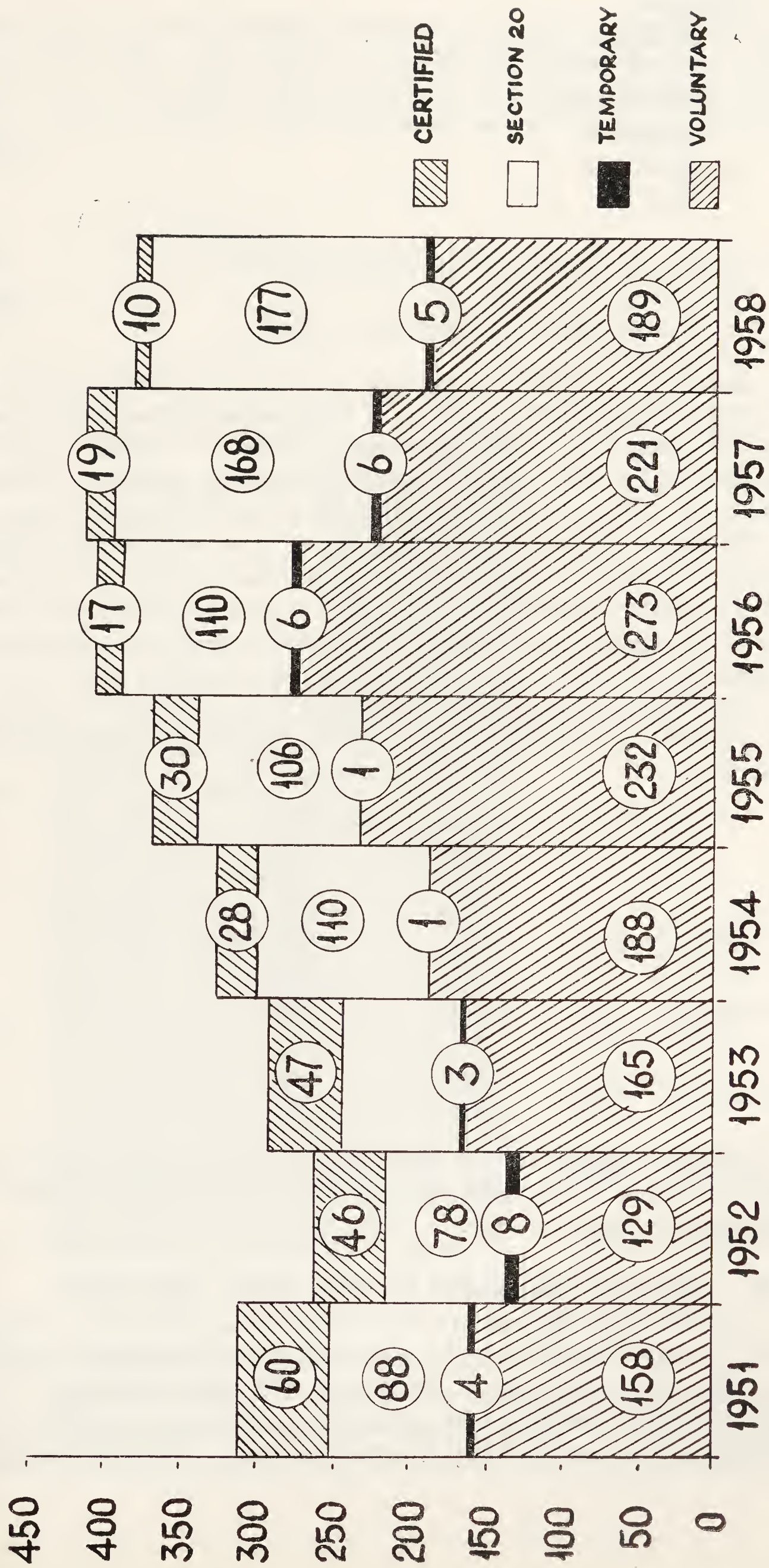
At the request of the family doctor, the mental health officers visit patients in their homes to establish friendly relations and to estimate the extent and nature of the help required. Should the patient be admitted to hospital the previous establishment of a good relationship with the mental health officers is of great value when the patient is discharged and is in need of supervision. Responsibility for providing after care for patients discharged from Littlemore Hospital is divided between the hospital psychiatric social workers and the local authority mental health officers according to mutual arrangement in any individual case so as to avoid unnecessary overlapping of duties.

B. Lunacy and Mental Treatment Acts, 1890—1930

(i) Figures for admissions and discharges

<i>Admissions</i>								1958
Certified	..	..	..	..	..	..	..	10
Section 20	..	..	..	..	..	..	..	177
Temporary	..	..	..	..	..	..	..	5
Voluntary	..	..	..	..	..	..	..	189
Section 4 (private)	..	..	..	..	..	..	..	0
								<hr/>
								381
								<hr/>

Total Admissions of persons to Mental Hospitals classified by type on admission.



Discharges

Certified	..	..	..	..	..	..	..	32
Section 20	..	..	..	..	..	..	..	9
Section 21a	..	..	..	..	..	..	..	42
Temporary	..	..	..	..	..	..	..	3
Voluntary	..	..	..	..	..	..	..	204
Died ..	..	..	..	..	..	..	..	52
								<hr/> 342 <hr/>
Examinations in Lunacy (not certified)	..	..	..					8

In 1958 the total admissions under the Lunacy and Mental Treatment Acts fell to 381 from the peak figure of 414 experienced the previous year. The fall appears due to the diminished number of voluntary patients admitted, this in turn resulting from the increasing number of informal admissions, both to the Ashhurst Clinic and to the de-designated wards at the Warneford Hospital. Less than 3% of cases were certified on admission. During the past 2 years there has been a substantial increase in the number of patients admitted under section 20 of the Lunacy Act. One would expect a static population to provide about the same number of patients considered to require compulsory admission year by year. That this is not so is shown by the following figures obtained by summing the numbers of certified, section 20 and temporary patients admitted each year.

Total number of compulsory admissions

1950	94
1951	152
1952	132
1953	126
1954	139
1955	136
1956	133
1957	192
1958	192

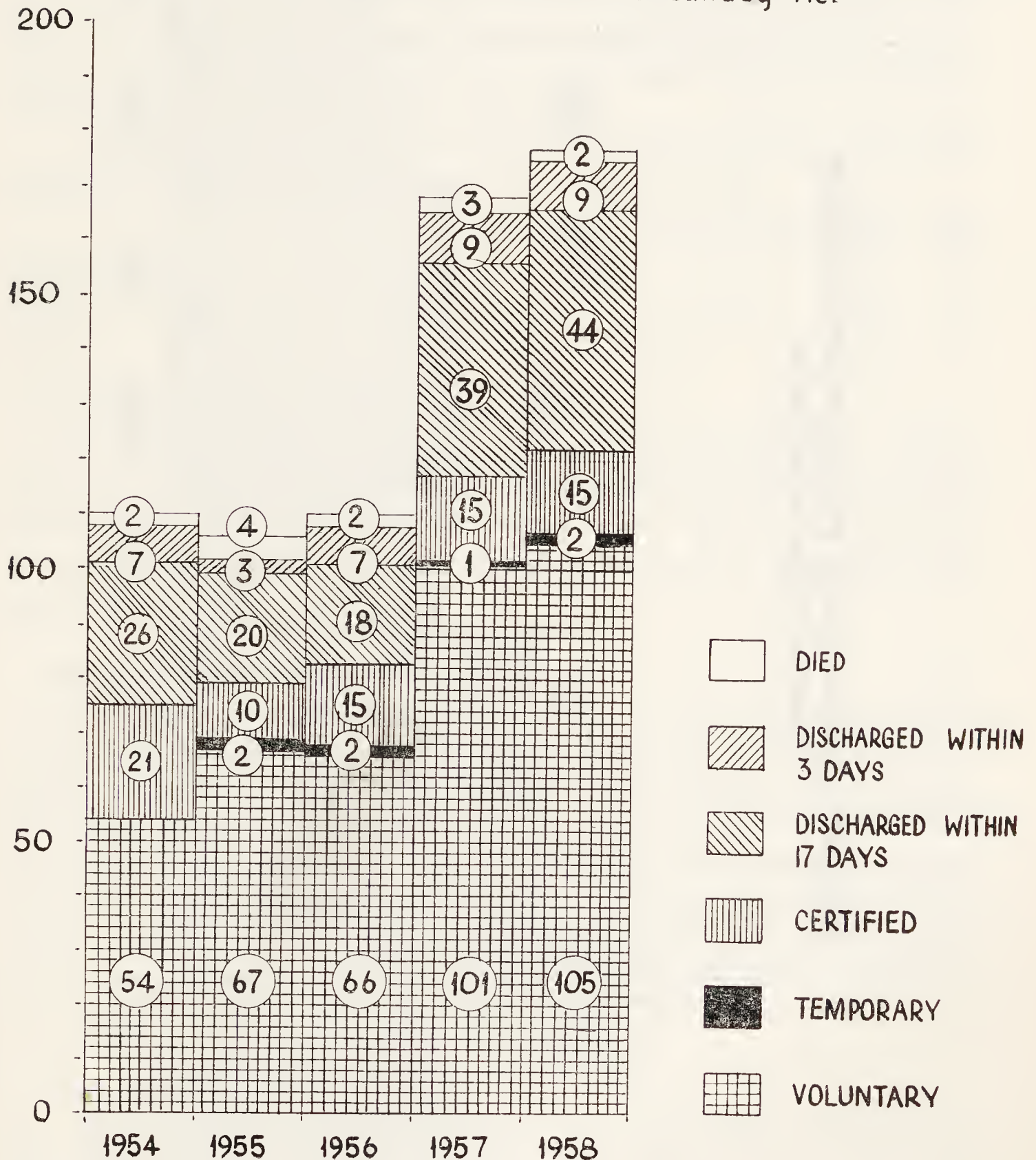
Increased admission of persons aged over 60 can have made only a slight difference as the figure for such admissions in 1958 was only 15 more than the figure for 1951.

(ii) Admissions under section 20 of the Lunacy Act, 1890

In cases where the patient must be removed at once lest he attempt suicide, exhaust himself or harm others, admission to hospital on a three day order under section 20 of the Lunacy Act, 1890, is arranged. The number of such cases dealt with during the year accounted for 46% of all admissions compared with 41% the previous year. Of the 177 patients

concerned, 9 were discharged within 3 days, 44 in whom the order was continued under section 21a for a further period were discharged within 17 days, 105 became voluntary patients, 2 became temporary patients (i.e. recovery within 6 months appeared probable), 15 were certified and 2 died.

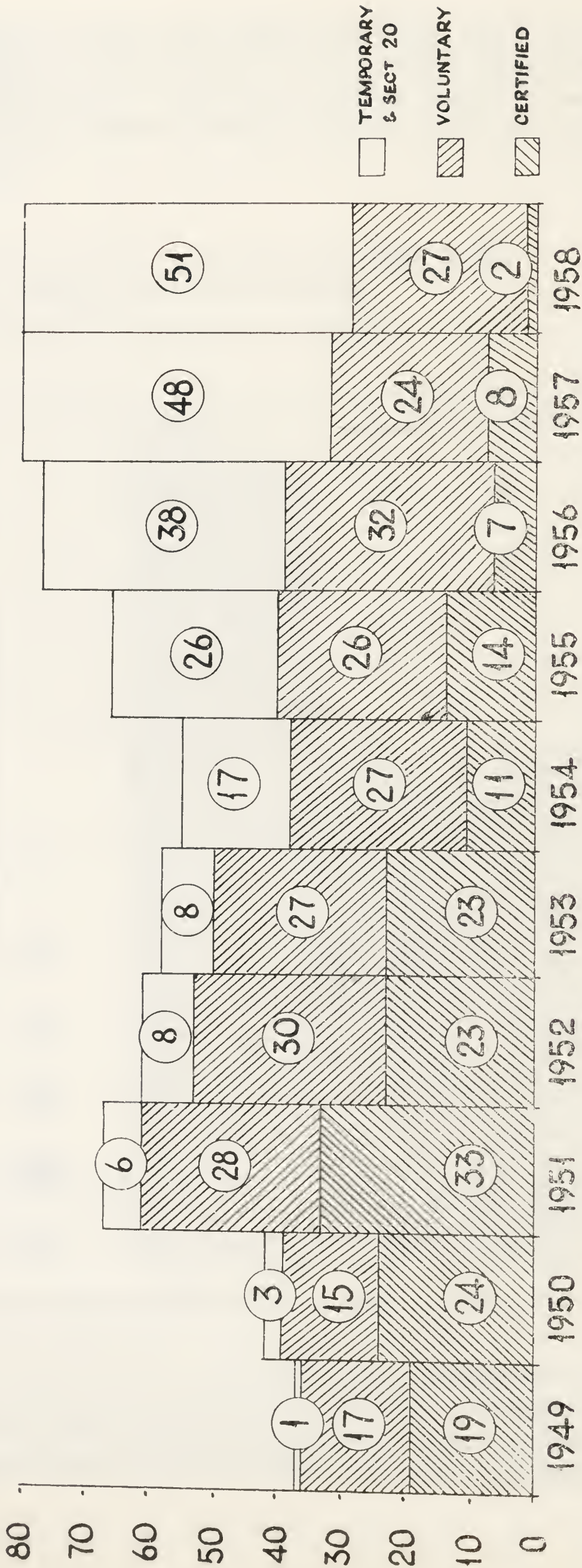
Fig. 3. Ultimate Disposal of Patients Admitted under Section 20 of the Lunacy Act



(iii) Old Age and Mental Illness

The number of admissions of persons over the age of 60 remained at the record figure of 80 which was also reached in 1957. Over half the total were emergency admissions under section 20, and 27 were admitted as

Admissions of persons over 60 years old to Mental Hospitals
Classified by type on admission



voluntary patients. Every effort is made to keep cases of senile mental deterioration at home whenever possible and to this end close liaison is maintained between Littlemore Hospital, Cowley Road Hospital and the local authority Welfare Department.

C. Mental Deficiency Acts, 1913—1938

(i) Ascertainment

16 new cases were added to the register in 1958. 9 were reported by the Education Committee, 5 under section 57 (5) and 4 informally. Of the 7 from other sources 3 came from other authorities, 1 came from the Children's Officer and 3 were admitted at their parents' request to mental deficiency institutions on an informal basis.

The waiting lists for institutional accommodation at the end of 1958 compared with previous years are:—

			1958	1957	1956	1955	1954	1953
Children under 5	..	..	1	1	0	0	1	3
Children 5—15	..	..	3	3	1	0	3	2
Adults	..	..	6	7	5	8	6	4

(ii) Guardianship and Supervision

At the end of the year 9 cases remained under guardianship. At the same time 105 cases were being kept under statutory supervision and 59 under voluntary supervision by the mental health officers. 7 females and 7 males on licence from mental deficiency institutions were also being supervised.

(iii) Discharge of Mental Defectives

During the year 33 females and 39 males, Oxford City cases, and 2 females, out-county patients, were discharged from order, of whom 25 females and 35 males remained in hospital on an informal basis, the others receiving friendly supervision from the mental health officers. This work is very necessary and time-consuming at a crucial period when the patients are being rehabilitated into the life of the community, and necessitates in some cases advice on the purchasing of suitable clothing, encouragement to save regularly and adjustment of the various difficulties experienced on their return to normal life.

(iv) The Occupation Centre

At the end of the year 48 children and adults were attending the Occupation Centre. Of these, 37 were Oxford City cases, 5 came from Oxfordshire and 6 from Berkshire. The majority continued to travel to and from the centre by special bus under the supervision of a member of the staff.

The centre staff consists of 1 chief supervisor (Miss Warburton) and 5 assistant supervisors (4 female and 1 male). The work and daily routine

carried out have the aim of helping the children to become socially acceptable members of the community who are able to attend to their personal requirements with as little assistance from others as possible. Needlework, painting, woodwork, physical training, percussion band and gardening are regular activities.

Mention was made in last year's report of plans for a new classroom to relieve overcrowding. This has been completed and is now being used by the older boys for woodwork and handicrafts. The resultant release of pressure on other classrooms is most welcome.

Mr. McKay, who for 22 years had been a much valued member of the staff, retired early in 1959. We extend to him our good wishes and also take this opportunity of welcoming his successor, Mr. Kemp.

The Parents' Association continued to flourish and with its help 30 children, accompanied by 4 members of staff and 1 parent, went to Bognor Regis for 10 days' holiday early in June. Once again this holiday was a great success, the enjoyment of it being enhanced by the good weather. The children unable to visit Bognor had two day trips arranged for them, one a river trip and picnic at Bablockhythe and the other a visit to Chessington Zoo. During the year the Association and centre staff held a sale of work and jumble sale which together brought in £85. As in previous years helpful grants were also contributed by the City Council and the City magistrates.

(v) Institutional Care

<i>No. in Institutions within the Region</i>						<i>M.</i>	<i>F.</i>
Borocourt	..	..	..	..	..	28	28
Bradwell Grove Hospital	..	..	..	..	..	11	1
Chipping Norton Hospital	..	..	..	..	..	3	3
Cotshill Hospital	..	..	..	..	..	2	—
Cumnor Rise	..	..	..	..	..	—	9
North View Hospital	..	..	..	..	..	—	4
Pewsey Hospital	..	..	..	..	..	7	4
Purley Park, Reading	..	..	..	..	..	3	—
Smith's Hospital, Henley	..	..	..	..	..	3	2
The Old House, Wheatley	..	..	..	..	..	2	—
Wayland House	..	..	..	..	..	—	12
West Stowell House	..	..	..	..	..	2	—
						—	—
						61	63—124
On licence from Borocourt	..	..	..	..	..	11	21— 32
						—	— —
Total	..	..	..	..	..	72	84 156
						==	== ==

<i>No. in Institutions outside the Region</i>						<i>M.</i>	<i>F.</i>
Alton, St. Mary's Home .. .. .	..	..	..	..	..	—	1
Aylesbury, The Manor House .. .. .	..	..	..	..	..	5	2
Aylesbury, Tindal General Hospital .. .. .	..	..	..	..	..	—	1
Barvin Park, Potters Bar .. .. .	..	..	..	..	..	4	—
Botleys Park, Surrey .. .. .	..	..	..	..	..	—	1
Bristol, Hortham Colony .. .. .	..	..	..	..	..	1	1
Bristol, Brentry Colony .. .. .	..	..	..	..	..	1	—
Bristol, Stoke Park Colony .. .. .	..	..	..	..	..	2	3
Buntingford .. .. .	..	..	..	..	..	5	—
Buxted, St. Mary's Home .. .. .	..	..	..	..	..	—	2
Camberwell, St. John's Hostel .. .. .	..	..	..	..	..	—	1
Cell Barnes Colony .. .. .	..	..	..	..	..	1	1
Easthampstead .. .. .	..	..	..	..	..	1	—
Etloe House .. .. .	..	..	..	..	..	—	2
Laughton Lodge .. .. .	..	..	..	..	..	—	1
Leybourne Grange Colony .. .. .	..	..	..	..	..	1	—
Little Plumstead, Kent .. .. .	..	..	..	..	..	1	—
St. Joseph's School, Sheffield .. .. .	..	..	..	..	..	—	2
Stallington Hall, Stoke-on-Trent .. .. .	..	..	..	..	..	1	—
State Institutions for Dangerous Defectives .. .. .	..	..	..	..	..	5	5
Stourbridge, Sunfield Children's Home .. .. .	..	..	..	..	..	1	—
Warwick State Institution .. .. .	..	..	..	..	..	—	1
						—	—
						29	24—53
							—
Total .. .. .	..	..	..	..	..		53
							==

(vi) **Place of Safety**

No patient was placed in a place of safety during the year.

SECTION VIII

WELFARE SERVICES

REPORT BY J. C. DAVENPORT,
Chief Welfare Services Officer

The City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly to deal with the administration of the Welfare Services of the City. Duties in relation to the management of residential accommodation provided under Section 21 of the Act are delegated to a House Section of the Welfare Services Sub-Committee.

(1) General Welfare arrangements for the Aged and Infirm

In this report, as it is ten years since the coming into operation of the National Assistance Act, 1948, this would be a good opportunity of taking stock, and estimating the future.

A great difference has come about in the past ten years in the administration of the residential services provided under the Act, and many new steps taken to implement the social services to the aged and handicapped in their own homes. A common fallacy, which is slowly dying, is that Part III Homes were Homes for persons of pensionable age where they could live in comfort and retirement (and in some cases—luxury) or alternatively a place where younger persons could put unwanted relatives. The Act was most definite in its statement of the purpose for these Homes that they were intended for aged and infirm who are in need of care and attention not otherwise available to them. As a result of this fallacy, and the indecisive border line between infirmity and sickness, where these few border line cases arose, and it must be clearly understood the border line cases are very few, there was a tendency for dispute between hospital and Local Authority as to whose the case was. This was a most unfortunate development, and one for which there is no real excuse. The division of responsibility between hospital and Local Authority is logically sound, and it is the responsibility of the Local Authority to provide suitable care and attention for a case that the medical and hospital authority decide is not suitable for hospital admission. It is the duty of the welfare authority to provide suitable accommodation for those persons with whom it has to deal, and not to set itself up as an arbiter.

In Oxford we have attempted to follow the policy of providing such suitable accommodation, and whilst 1958 did not see any startling advance in the achievement of the policy, it was a most satisfactory year, inasmuch as the building of one specially designed Home for the more infirm was completed, and a second progressed towards its finish which is estimated for June, 1959. These two Homes will provide 120 much-needed beds and

the necessity for negotiating stairs is obviated by level floors and a lift. Handrails for the infirm, specially adapted bath and sanitary conveniences and facilities for wheelchairs and bedfast make up an ideal picture. The accommodation is mainly in single and two bedded rooms, and there are five lounges in each Home. It is hoped that occupational therapy will be available for those who desire it, and space is available for this service.

The people for whom it is necessary to provide residential accommodation are, however, only a very small percentage of the number of old people. The estimated figure is no more than 3% of all persons of pensionable age. This leaves 97% of the old people to live in their own homes, and it is towards the development of the domiciliary services that we must turn. Again, in this sphere there has been confusion of thought as to what category these large numbers come in. To be old may be an affliction, but, I am sure, it is not a sickness. Age may make a person more susceptible to ailments, but material comfort can prevent this susceptibility becoming a fact. There is no doubt that this is a fact which has been proved many times. An old person in need of care and attention, once admitted to Part III accommodation where warmth, food and freedom from worry exist, becomes in nearly all cases a healthy old person who then does not appear to be in need of care, which of course is being provided constantly, and lives to a ripe old age. If similar assets could be provided in their own homes, I am quite sure that the present estimate of the number of old people living in 1970 would have to be extensively amended.

To provide so ideal a service is not possible at the moment, but a great deal can and is being done towards making home conditions more bearable. The visits of Welfare Officers are greatly appreciated and these Officers do a tremendous amount of work in overcoming the social crises which occur from time to time. With the co-operation received from the friendly visitors organised by the Old Peoples' Welfare Committee, and the ever increasing assistance given by the Home Help Service, large numbers of old people are continuing to live in their own homes. Mention must also be made of the Meals on Wheels service which is doing sterling work and is operated by the members of the Women's Voluntary Service and the British Red Cross Society. It is hoped that a better service will operate shortly, the improvement being due to better equipment and more frequent service, and not to lack of zeal on the part of the helpers.

Early in 1952, the City Council started a scheme for short term admission of elderly infirm to Part III Accommodation to provide relief for hard-working relatives during holiday times or other domestic crises. The extent of this service has been limited only by the shortage of accommodation, and it is pleasant to relate that this scheme has been emulated in many other areas, and was the subject of a recent Ministry circular advising on the benefits of such a service. Further progress in domiciliary help has been made by the institution of laundry service in

acute need, and with the co-operation of the Oxford Council of Social Service, a chiropody service for the home-bound. In this latter service, old people who cannot get to Clubs are transported to one of our Homes, and if necessary, assisted with bathing facilities, and their feet attended to. This scheme has had unparalleled success and many of the original cases are now able to get to Clubs unassisted and continue their treatment.

Of the total cases coming to our knowledge as requiring assistance under the National Assistance Act, 1948, and remaining on our lists at any one time approximately 10% are receiving either as in-patient or out-patient treatment from the Cowley Road Hospital where there is a geriatric unit. One of the Welfare Officers has, as a result of this tendency, been delegated to the duty of maintaining a regular contact with the medico-social workers at the hospital and with those cases who are in need of Local Authority Welfare Services. This system has been most helpful in assessing the need for immediate service and, more important, preventing a break in continuity of service.

Altogether, I think it can be said with reasonable pride, that we are progressing along the right lines in providing an efficient domiciliary welfare service which is up-to-date with the standards suggested by the various committees who have investigated welfare services throughout the country. There is still a long way to go, and to implement successful schemes, a great amount of work is required, both from national and voluntary organisations. Welfare work is very time-consuming and cannot be measured by the number of visits paid. To satisfy one problem, and all welfare problems are individual problems, many hours of work may be required as a concentrated effort, and to be a successful welfare worker, the Officer or voluntary worker should never put off until tomorrow what can be done today. Prevention of distress is better than any remedy of a crisis.

During the year approximately 650 aged and infirm persons (not including special classes such as deaf, blind, hard of hearing, physically handicapped) were in regular receipt of some form of domiciliary welfare service co-ordinated in the Section.

(2) Residential Accommodation

The Laurels

This former institution, which should accommodate 116 residents of both sexes, remains exactly as described in previous reports. It has been continuously overcrowded throughout the year, with an average occupation of 117.

In view of the policy of the Council to discontinue the use of this accommodation, maintenance work was confined to necessities to provide comfort for the residents. A number of improvements were effected in the furnishings, which were purchased with a view to their being usable in the new Homes when they become available.



TOWNSEND HOUSE. OLD PEOPLE'S HOME

The delay in the opening of the new Home at Bayswater has meant that approximately 40 of the residents at this Home, who were due to transfer, have remained in the Laurels for the whole of the year. The very old building has not helped in providing care and attention, and the progressive infirmity of the residents has been a great burden. At the time of writing the new Home has been opened and the transfer of these cases has been completed.

A further new Home at Horspath Road when opened will mean the discontinuing of Home I as a Home for the aged and infirm, an achievement which is long overdue.

Frilford House

This is an adapted Home, accommodating 26 persons, and is situated in the country, nine miles from the City Centre.

The Home has been equipped up to modern standards, but the progressing age and infirmity of the residents, and the lack of any ground floor beds, has accentuated the need for more accommodation suitable for the needs of the more infirm.

This Home has, throughout the year, maintained an average occupation of 27 beds which in itself represents overcrowding when it is borne in mind that the average figure has been maintained despite absences in hospital or on holiday.

Barton End

This Home, which was acquired by the Council as an adapted Home for twenty-eight persons in 1953, has had an extension built on to it, and now accommodates forty persons with twenty of the beds on the ground floor.

The new wing has been specially constructed and equipped to meet the needs of the more infirm. The fact that infirm persons have the benefit of moving about supported by handrails and unhampered by stairs gives them that little extra feeling of independence that will increase the happiness of their last years, and decrease the burden upon the staff of having to carry patients down stairs, a task which occurs regularly in Homes where there are no ground floor beds.

As mentioned previously two new Homes are nearing completion each specially designed for the more infirm and each accommodating 60 persons. The first Home, Townsend House, is open at the time of writing and has provided a much needed help to the problem of caring for the aged and infirm, and has helped in relieving the problems of cases already in Part III Accommodation not entirely suited to their infirmities. The second Home is expected to be opened in June, 1959, and permission has been granted for a third purpose built Home at Harberton Mead.

In each of the Homes described, the same amenities, (television, radio,

library, socials, etc.) are available to each resident, who also receives a minimum of 10/- per week pocket money.

The residents are encouraged, if they are able, to assist in the running of the Home, and those who are willing to help in this way receive additional pocket money.

<i>Average residents 1958</i>						
The Laurels	..	..	..	117		
Frilford House		..	..	27		
Barton End	..	..	..	36		
<i>Admissions</i>			<i>Discharges</i>			
			<i>Hospital</i>	<i>Death</i>	<i>Other</i>	
The Laurels	71	41	10	21
Frilford House		..	11	4	4	4
Barton End	40	13	3	20
			—	—	—	—
Totals	122	58	17	45
			—	—	—	—

Voluntary Homes

The following Voluntary Homes are registered with the Local Authority for the care of aged and disabled persons:—

Aged and disabled

Nazareth Home, Cowley Road	..	..	..	24 females
				9 males

Aged

St. Basil's Home, 239 Iffley Road	..	..	..	26 females
Elizabeth Nuffield Home, 165 Banbury Road	..	..	..	24 females
Council of Social Service Home, 115 Banbury Road	..	..	..	21 persons
British Red Cross Society Home, 107 Banbury Road	..	..	..	20 females
Miss E. Afford, 12/13 Walton Street	..	..	..	5 females
Mrs. Guise-Thompson, 2 Hernes Road	..	..	..	5 persons
Mrs. E. Best, 31 Stanley Road	..	..	..	6 persons

The agreements made with the following Homes to place accommodation at the disposal of the Authority continues:—

St. Basil's Home	..	..	..	..	..	4 residents
Nazareth Home	..	..	..	..	..	4 residents

This accommodation has been used throughout the year and has been of great assistance to the Authority owing to the continued shortage of accommodation. The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:—

- 13 persons in St. Basil's Home
- 2 persons in Nazareth Home
- 1 person in St. John's Nursing Home

13 persons in British Red Cross Society Homes

13 persons in other Voluntary Homes

4 persons in Homes for the Blind

In a similar way, by arrangement with other Local Authorities, the City Council has accepted the financial responsibility for the following:—

3 persons in London County Council Homes

8 persons in Oxfordshire County Council Homes

Temporary Accommodation

In 1958 there was a considerable increase in the number of families who sought our assistance as a result of becoming homeless. The applications totalled 170 during the year, as against a figure of 51 for the previous year, and almost half of these applications occurred outside office hours.

With the increase in applications there was a corresponding rise in the number of cases housed, the figure being 27 against 13 for 1957.

A great deal of time and work goes into the handling of this problem, and we have been fortunate that we have not had to provide accommodation for more cases. Of the 27 cases admitted to temporary accommodation:—

13 families were accommodated for 1 night only

2 aged persons were admitted to Part III accommodation

5 families were accommodated for periods up to 1 week

4 families were accommodated for periods up to 1 month

2 families were accommodated for a period between 1—3 months

1 family was accommodated for more than 3 months, and remained in after the end of the year

The majority of cases dealt with concerned persons coming into the area seeking work and finding only short term accommodation. A rather tough policy has been adopted with this type of case, as they usually have left accommodation to come into Oxford, and this policy has had its success inasmuch as very few cases remain in shelter for more than one week, even if shelter has to be provided.

All cases are interviewed and followed up, and it has been possible to settle a number of domestic upheavals which have been causes of possible eviction.

There has been an improvement in the numbers of cases coming from Reception Centres.

The Council have decided that cases evicted from their homes as a result of the Rent Act of 1958, should be treated as persons requiring accommodation under Section 21 (b) of the National Assistance Act, 1948, and have decided to provide a limited number of rooms, as a temporary measure, in Home I at the Laurels to meet this need. No cases came forward in 1958.

The family remaining in temporary shelter at the end of the year consisted of man, wife and seven children, and with the accommodation

shortage in Oxford, the size of this family makes it practically impossible for them to find an alternative home. Although this problem is a relatively rare one, such cases do arise from time to time, and such families form the numbers of, more or less, permanent residents in temporary accommodation. Such a state of affairs is bad from all angles, and makes the task of persuading reluctant families to seek other accommodation much more difficult.

(3) Welfare arrangements for Handicapped Persons

(a) Blind
Statistics

During the year 21 people were certified as blind and 5 as partially sighted.

The Authority is fortunate in that eye examinations for certification purposes are carried out at the Eye Hospital, and any medical or surgical treatment required is arranged straightaway. Thus the number of blind people refusing remedial treatment is few.

The following table shows the diagnosis of cases registered during the year, and the numbers where treatment was recommended:—

(i) Number of cases registered during the year in respect of which para. F (i) of Forms B.D. 8 recommends:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	2	3	—	5
(b) Treatment (medical, surgical or optical) ..	3	2	—	1

The number of registered blind persons in the City is shown, in age groups, in the following table:—

0-1		2-4		5-15		16-20		21-39		40-49		50-64		65-69		70 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	—	5	—	—	1	4	5	11	4	9	18	9	8	38	76

Total 77 males and 112 females = 189, of whom 114 are over 70 years old, and 131 over 65 years old.

Children

1 boy is at Birmingham School for the Blind, 1 at Sunshine House, Overley Hall, 2 at Pewsey Mental Hospital, 1 at Borocourt Mental Institution, 1 girl is in the Ellen Terry Home for Mental Defectives.

Employment

23 people are in open industry as follows:—

- 7 employed in factories
- 3 employed as porters, etc.

2 in legal profession
 2 domestic workers
 1 masseur
 1 labourer
 1 clerk
 6 in miscellaneous jobs

Several totally blind women are running their homes very efficiently without help.

Home Workers Scheme

Machine knitter 1 Braille copyist

Workshop Employment

Workshops for the blind are provided at The Laurels, Headington; and at 4 Little Clarendon Street. The following are working in workshops:—

<i>Men</i>	<i>Women</i>	<i>Trade</i>
1	1	Chair caning
1	—	Mat making

Marketing of Goods

The Council operates a retail establishment at 4 Little Clarendon Street, Oxford. Although the prime function of the shop is to market the products of the blind, the opportunity has been taken to offer the facilities of the shop to all handicapped persons supervised by the Occupational Therapy Section of the Health Department.

The retail business has again improved upon its impressive record. Sales in 1958 showed an increase over 1957. Appreciation must be recorded of the efforts of the Manager in maintaining the progress. Mention must also be made of the quality of the goods made both in our own workshops and those workshops operated by other Authorities. No customer will purchase shoddy goods, and the sales and orders speak for the quality of our products.

General Welfare

The number of staff has been increased from one part-time Almoner and one Home Teacher to two full-time Home Teachers as from the middle of 1958.

Arrangements were again made for a number of Blind People to have holidays at Homes for the Blind. All Blind Persons in need have been supplied with wireless sets kindly supplied by the British Wireless for the Blind Fund. The maintenance and repairs are covered by the Council. Subscriptions are paid to the National Library for the Blind for 15 readers. Three blind people have guide dogs.

Social Activities

Except for short breaks during holiday periods, socials were held three times each month. A varied programme of entertainment has been provided, and thanks are due to those who so kindly help in this way. Assistance is also provided at socials and other functions by several regular voluntary helpers, including drivers helping with the transport of the blind people. Craft Classes are held weekly.

The Annual Party at the Town Hall, although taking place early in 1959 belongs to the year under review, and was exceptionally popular and well supported. At Christmas the City Division of the St. John Ambulance Brigade again invited blind people to their party. In the summer, outings were organised to Leamington, Lee-on-Solent and Brighton.

Voluntary Help

The Oxford City and County Society for the Blind have continued to assist the blind financially towards the provision of holidays, invalid foods, extra comforts, and with Christmas gifts to those blind who are aged and infirm, in hospital, or other accommodation away from their own homes. As a result of the Society's meeting the subscription cost 4 blind people receive Bible notes in Braille each quarter.

The Oxford Eye Hospital Patients' Welfare Fund has continued to be responsible for the cost of transport of the aged and infirm to the Christmas Party. This help is greatly appreciated, and enables many to attend who might otherwise be unable to do so.

(b) Deaf Blind

There were 9 deaf-blind on the Blind register, 3 men and 6 women.

(c) Partially sighted

At the end of 1958, there were 78 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. In 1958 a second Home Teacher for the Blind was appointed and a comprehensive revision of the Partially Sighted Register has resulted in a drop in the number of partially sighted people registered. The following table shows the age groups on the register:—

0—1		2—4		5—15		16—20		21—49		50—64		65+	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	1	3	2	—	6	3	7	8	16	32

Total 32 males and 46 females = 78, of whom 48 are over 65 years old and 63 are over 50 years old.

(4) Other Handicapped Classes

The Council, on the 1st April, 1955, adopted schemes to provide for

the welfare of the deaf and dumb, the hard of hearing and the general handicapped classes.

(a) The Deaf

The Council's functions in relation to the Deaf have been delegated to the Oxford Diocesan Council for the Deaf, who have for many years been carrying out valuable welfare work amongst the local Deaf, and have been assisted financially by the Council since 1948. During the year ended 31st March, 1959, a grant of £720 was made to the Council. I am indebted to the said Council for the following statistics and information.

0—15		16—64		Over 65	
M	F	M	F	M	F
11	6	24	20	6	6

A New Centre for the Deaf has been acquired in St. Ebbe's and came into use in December, 1957. This has proved an immense step forward in the provision of social and welfare facilities. Associated with the Deaf at this New Centre are the Oxford Hard of Hearing Social Club, and the Oxford Branch of the Deaf Children's Society. Its central position in the City renders it much more accessible than was the former Banbury Road Centre. Three members of the special staff are always available in the City.

(b) Hard of Hearing

The welfare of this group in the City is cared for by the Hard of Hearing Club, which is closely connected with the Department of Otolaryngology at the Radcliffe Infirmary. A financial grant has been made each year by the Council to meet the cost of the hire of the rooms. The Club is flourishing and does a great deal towards promoting the general welfare of the group.

It has been aided in this during 1958 by the availability of the new Centre for the Deaf in St. Ebbe's. Here evening classes have been held for the deaf and hard of hearing in a number of subjects, including folk dancing and civics. Particularly successful was a class of building instruction for adolescents.

The following table shows the age groups on the register:—

Under 16		16—64		65 and over	
M	F	M	F	M	F
—	—	10	57	18	30

The Oxford Branch of the National Deaf Children's Society has held meetings and socials at the Centre regularly. This association of parents contributes to the full programme that exists in Oxford for the deaf and hard of hearing.

(c) General Handicapped Classes

The adoption by the Council in 1955 of the Schemes for promoting the welfare of the general handicapped class meant an extension of the operations of the Section. The staff appointed for this work included a field Welfare Officer (full time) and the use of the services of an Occupational Therapist (half time).

Since the implementation of the Scheme in Oxford much has been done in helping the handicapped, a large percentage of whom are home bound. Mention must be made of the co-operation of voluntary effort in this work, whereby in a number of instances it has been possible to make home life more bearable. Adaptations to homes, cleaning, redecorating, and remedial and recreational facilities have been carried out by the Local Authority staff and voluntary workers, including university students.

A total of 104 permanently and substantially handicapped persons are registered with the local Welfare Authority, the following table shows the age groups on the Register:—

16—64		65 and Over	
<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
49	37	15	3

The British Red Cross Society organise a Club for crippled persons which meets fortnightly at 101 Banbury Road. This Club is an invaluable aid in the provision of recreational facilities for handicapped persons, and the Officers of the Welfare Section have encouraged and aided as many as possible to attend.

The work of converting the Red Barn into a sheltered workshop was completed in the autumn of 1958. The provision of a shop front for the sale of goods will be carried out during 1959, and when this is done, we shall have one of the few Local Authority Workshops capable of employing a diversity of tradespeople, and of selling direct to the public.

In the meantime the blind workers have been transferred from the Laurels to Red Barn and limited production is under way.

(i) Spastics

There are 34 spastics known to the Department, 14 are adults (10 male and 4 female), and 20 children. All 15 adults are normally resident in their own homes. Of the 20 children 10 are attending ordinary schools, 4 attend the special day school at Slade Park, 2 attend the Occupation Centre and one attends the Open Air School. 2 children who are severely disabled are taught at home, one child considered to be ineducable remains at home.

The Spastic Centre situated in the grounds of the Churchill Hospital, was opened by the Oxfordshire Spastics Welfare Society in the autumn of 1957. Three children have received treatment at this new Centre for whole or part of the year.

(ii) Epileptics

Seven adult epileptics (2 male, 5 female) are known to the Department. All of these cases are major epileptics. This is a figure, which I feel sure, does not bear any real relationship to the actual number of people who suffer from this complaint. Fortunately, however, the majority of the minor cases are able to continue in normal employment.

Of the children known to be suffering from epilepsy one boy is resident at Lingfield Colony School, and two children attend the Open Air School. Several other children suffering from slight or occasional epilepsy attend ordinary schools.

Meals on Wheels

This valuable service is essential for the well being of many old people, if they are to maintain their health in their own homes. It is hoped to improve the equipment, and extend the service during 1959.

Meals are supplied by the City Catering Department and the cost of transporting the food to the recipient is paid by the Council. Nine-pence is charged for each meal.

Chiropody Service

The service instituted by the Oxford Council of Social Service in 1953 is noted for its valuable service to old people in the City. It is only necessary to visit the Old Peoples' Clubs and mention the service, to assess its true worth.

Ten Clubs have chiropody services, and another fifteen Clubs in the City provide the necessary contact for the service.

The Local Authority Welfare Services Officers, in co-operation with the Oxford Council of Social Service, have made it possible for chiropody treatment to be given to those old people who are unable to attend the Clubs or who are unable to go out without transport being provided. These people are taken to Barton End Old People's Home where a clinic is held weekly. An average of four to five persons receive attention each week, and a number of them after treatment are able to walk again and continue their treatment at the Old Peoples' Clubs.

The cost of chiropody treatment to the recipient is 2/- per session, and the balance is met by generous contributions from local charities and voluntary organisations.

Removal of persons in need of care and attention

It was not found necessary to use the Council's powers under Section 47 of the National Assistance Act, 1948, during the year.

Temporary protection of property of persons admitted to hospitals, etc.

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 14 cases during the year.

Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year, it has been necessary for the Council to arrange 10 such burials, and in 7 cases part recovery of the cost involved has been made.

Civil Defence—Welfare Section

The organisation and training of the Welfare Section of Civil Defence is our responsibility.

In the event of war this Section would be prepared to accommodate people evacuated from vulnerable areas, and to house and feed persons rendered homeless by enemy action.

We have also plans to give temporary accommodation to persons involved in peace-time disasters, such as rail and air crashes, fires and floods.

The volunteer strength of the Welfare Section is 324. Of these 175 have been trained in "Care of the Homeless" and 138 in Emergency Feeding. Courses in First Aid and Home Nursing have continued with the help of the British Red Cross Society, 180 people have been trained in First Aid and 103 in Home Nursing.

SECTION IX

ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E.,
Chief Public Health Inspector

There was no slackening of activity during the year despite staff still being one under full establishment. Pupil Inspector D. G. Lord qualified during the year and was able to fill one of two vacancies but the remaining position was not filled at the end of the year. Two other Pupil Inspectors are pressing on with their studies and two members of staff were busily engaged during the year preparing for the examination of the Diploma in Meat and Other Foods.

Our second Smoke Control Area—that over the Blackbird Leys Estate—was confirmed during the year and will come into operation on the 1st June next. It is not anticipated that much difficulty will be met in connection with supplies of Smokeless Fuels for this Estate as the Southern Gas Board are ensuring good stocks of a re-active vertical retort coke and already there is considerable demand for the N.C.B. product—Warmco—another re-active Solid Fuel which has been made available in the District. Apart from the normal winter shortages, supplies generally came through fairly well and it is hoped that stocking up during Summer and Autumn, of the important Smokeless Solid Fuels will be practised by all concerned in anticipation of winter usage. The Bye-Law governing the installation only of approved appliances in new dwellings was adopted by the City Council and is now in operation. There is no doubt that the public are now much more clean air conscious and react very quickly to evidence of visible smoke, grit, soot or other atmospheric pollutants. With the cleaning and restoration of the historic buildings within the City and University area there has been a fillip to clean air measures in the Central Area as a part of the precautions which must be adopted if the cleanliness and something of the original appearance of the old buildings is to be preserved for posterity. Pollution recording continued throughout the City Area and in addition to co-operation from the Geography School Staff under Professor Gilbert, the Morris Motors factory through their Chief Engineer Mr. Pringle are providing another Daily Volumetric Recorder in the vicinity of the Works. The installation for painting motor bodies which was installed last year at the Morris Works has now been in operation for some time and inevitably gave rise to some complaint. The usual teething troubles of noise, effluent from boiler plant and a certain amount of odour from the paint lines had to receive attention. On the whole, however, it can be said that the Works are very efficient in operation and causing a minimum of nuisance having regard to their size and extent.

Food Hygiene activity continued without relaxation in our efforts to maintain the high standards achieved during the previous year. Talks illustrated by slides and film strips were well received and Training Courses were also run successfully. The reduction in the need for our "on-the-spot" yellow notices was a pointer to the progress made in food hygiene measures.

While pleasing improvements took place in the Covered Market through the co-operation of the Markets and Fairs Committee and a number of tenants, there is still need for general up-lifting of the standards both of premises and food handling in the greengrocery and fish trades. Perhaps this year may see the end of meat hanging in the Open Market and the indiscriminate storing of bicycles and dry sweeping during shopping hours.

Rodent operations continue with generally successful results, the sewerage system showing less signs of rodent activity than for a number of years. Contract arrangements for vermin eradication from buildings throughout the City also appear to be fulfilling a useful purpose.

Milk results were again of high standard; one positive tuberculous milk was unfortunately found during the year but the milk was regularly being subjected to pasteurisation before sale. The supply showed negative results when sampled by the Divisional Veterinary Officer but Tuberculin Testing of the herd showed a high incidence of re-actors. A subsequent biological examination of the bulk milk again proved negative.

The level of tuberculous infection among animals slaughtered at the Slaughterhouses was even lower than last year's record and emphasises the success of the T.B. eradication scheme. One hundred per cent meat inspection was again carried out on all animals slaughtered within the City the number being somewhat more than last year. *Cysticercus Bovis* was less evident but now appears consistently in greater or lesser degree among bovines. Tracing of affected animals is still difficult. Reliable identification of animals throughout the marketing system is long over-due and it is hoped it will not be much longer delayed.

Food and Drugs samples showed up a number of minor faults in labelling and it is believed that negotiations between analytical and manufacturing interests are being carried out with a view to a more satisfactory standard of descriptions of Food and Drugs being attained in future. One sample of Egg Albumen proved positive to *Salmonella* organisms underlining once again the need for care in the importation and handling of this material.

A definition of "Hot Dog" was sought during the year without success and no doubt it will remain—like the contents of the sausage—something of a mystery. A potato cake mixture with slight addition of sausage meat was being prepared and sold under this description in the City, but since investigation commenced has been withdrawn.

A number of pigeons causing nuisance locally were caught and submitted to the Public Health Laboratory Service for examination for psittacosis reaction and 11 out of 38 proved positive. This gives room

for some thought in connection with nuisance from pigeons, for there are so many bird lovers who object most strongly to any steps taken to reduce the menace of dirt and possible disease associated with the hordes of pigeons which infest structures throughout the City.

Housing work proceeded with a fair amount of success although there seemed to be more persistent nibbling at Slum Clearance measures than any major steps for clearance. Certainly a considerable amount of demolition work was achieved with co-operation from the City Architect's Department and much remains to be done in this connection. Rent Act Certificates continued to be required from time to time, causing their usual considerable amount of work, for comparatively little progress, but on the whole there was no major cause for concern. Attention is once more being focussed on multi-occupation of houses and some Local Authorities have fixed standards for houses let in lodgings as a guide for action where conditions are unsatisfactory. There is probably need for something on these lines in this City where a considerable amount of sharing of premises is apparent, but the problem bristles with difficulties.

A little anxiety was felt towards the end of the year lest multi-occupations by coloured people were likely to get out of hand, but investigation seemed to suggest that the matter had not reached very great proportions. It is unfortunate that standards considered satisfactory by many coloured people do not match up to those demanded by our general national standards and houses may thereby become overcrowded and unsatisfactorily maintained. This City of full employment is a natural magnet for such persons who are attracted by vacancies at industries which are working at very high rates. Considerable responsibility therefore rests on the Department to safeguard standards of occupation and every effort is being made to do so.

Despite staff difficulties due to shortage, and engagement on part-time study courses, all members of the staff gave loyal support throughout the year and to them and my Deputy, Mr. E. Edlington, I extend my gratitude for their co-operation.

The report is, as usual, presented under the three sections (a) General Sanitary Circumstances and Water Supply, (b) Housing, and (c) Supervision of Milk, Meat and Other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

The number of complaints received during the year was again similar to the numbers received in previous years 1,327 (1,367). There was the usual 50% due to infestations by rodents and other pests, and the pattern followed is very similar to previous years. There was considerably more activity in connection with Atmospheric Pollution as our Central Smoke Control Area was confirmed during the year and Food Hygiene Regulations led to even more visits than last year.

Complaints—							No
Accumulations of Refuse .. .. .	..	..	..	..	..	..	22
Choked and Defective Drains .. .. .	..	..	..	..	..	..	57
Defective Water Closets .. .. .	..	..	..	..	..	..	20
Dirty or Verminous Premises .. .. .	..	..	..	..	..	..	24
General Housing Defects (including dampness)	..	..	..	..	..	..	105
Infestation by Insects and Pests .. .. .	..	..	..	..	..	..	195
Infestation by Rodents .. .. .	..	..	..	..	..	..	612
Infestation by Wasps .. .. .	..	..	..	..	..	..	122
Keeping of Animals .. .. .	..	..	..	..	..	..	10
Noise Nuisance .. .. .	..	..	..	..	..	..	7
Offensive Odours .. .. .	..	..	..	..	..	..	81
Overcrowding .. .. .	..	..	..	..	..	..	4
Smoke Nuisances .. .. .	..	..	..	..	..	..	36
Unwholesome Food, Containers and False Descriptions	..	..	..	..	..	..	29
Refuse Accommdation .. .. .	..	..	..	..	..	..	3
							<hr/>
							1,327
							<hr/>

Number and Nature of Inspections							No.
Animal Nuisances .. .. .	..	..	..	..	..	..	10
Drainage .. .. .	..	..	..	..	..	..	388
Housing .. .. .	..	..	..	..	..	..	2,361
Interviews .. .. .	..	..	..	..	..	..	779
Licensed Premises .. .. .	..	..	..	..	..	..	87
Lodging Houses .. .. .	..	..	..	..	..	..	36
Miscellaneous .. .. .	..	..	..	..	..	..	978
Overcrowding .. .. .	..	..	..	..	..	..	9
Pet Animals .. .. .	..	..	..	..	..	..	31
Pharmacy and Poisons Sellers .. .. .	..	..	..	..	..	..	150
Piggeries and Stables .. .. .	..	..	..	..	..	..	156
Public Conveniences .. .. .	..	..	..	..	..	..	62
Rats and Mice .. .. .	..	..	..	..	..	..	11,899
Refuse Storage and Accumulations .. .. .	..	..	..	..	..	..	200
School Premises .. .. .	..	..	..	..	..	..	93
Shops Act .. .. .	..	..	..	..	..	..	325
Tents, Vans and Sheds .. .. .	..	..	..	..	..	..	184
Theatres, Cinemas, etc. .. .. .	..	..	..	..	..	..	2
Verminous Conditions .. .. .	..	..	..	..	..	..	269
Water Sampling and Bath .. .. .	..	..	..	..	..	..	7
Insect Pests (Wasps only) .. .. .	..	..	..	..	..	..	44

Atmospheric Pollution

Smoke Control Area .. .. .	..	..	..	..	..	..	256
Smoke Observations ($\frac{1}{2}$ hour) .. .. .	..	..	..	..	..	..	24
„ „ (casual) .. .. .	..	..	..	..	..	..	328

S.O. ₂ Recording Stations	..	..	..	..	..	132
Boiler Plants	..	..	..	..	..	201
Odour (Morris Motors)	..	..	..	..	..	260

Food Hygiene

Food Hygiene Regs.	..	..	..	..	..	3,433
Food Poisoning Enquiries	..	..	..	..	..	4

(ii) Sanitary Circumstances of Aged Persons

There were one or two cases of aged persons living in unsatisfactory conditions during the year and close co-operation with the Welfare Section led to improvements being achieved or removal of the persons concerned.

(iii) Lodging Houses

The Church Army Working Men's Hostel Annexe in Charles Street, St. Ebbe's, provides the only officially licensed Common Lodging House in the City. Thirty-five beds are available and the Church Army continue to provide a good standard of service.

It is hoped that the Hostel may eventually be renovated and possibly re-designed as the St. Ebbe's Redevelopment Scheme proceeds.

There seems evidence of a greater amount of "sleeping rough" by persons who normally would use Common Lodging House accommodation but who because of their dirty habits and unsatisfactory condition are not acceptable to the Common Lodging House Management. There were 19 persons treated for verminous conditions as compared with 15 during the previous year, cleansing facilities being used at "The Laurels" residential accommodation, or at the Charles Street Annexe (for inmates only). Sterilisation of bedding and clothing is carried out at The Slade Hospital and D.D.T. powder is used for treating beds and outer clothing.

(iv) Moveable dwellings

There seemed to be more interest shown throughout the country in the problem of caravans and caravan sites during the year and the Planning and Health Committees of the City Council examined the local position.

In so far as the City is concerned comparatively few caravans are licensed and those only on small sites where amenity is not likely to be injured.

The total number licensed during the year was 46 on 17 sites. Applicants are usually directed to the Planning Department for planning approval before the question of a Public Health Licence is dealt with. Close liaison between the Departments in so far as licensing is concerned has continued successfully. It is considered that better control would be possible if the general law were altered so that no caravan could be sited for occupation unless the land was first given planning approval. There

is, however, still urgent need for the setting up of minimum standards for Caravan Sites—in relation to sanitation, water supply, refuse accommodation, fire hazard, etc. It is difficult to deal with overcrowding conditions in the absence of any official standard and this—from the health angle—is important. Modern caravans are better insulated than formerly but there is still much room for improvement in steps to prevent condensation and dampness troubles due to domestic activities within restricted space.

Fire precautions are, of course, very important, and all licenses issued from this Department are accompanied by a list of conditions recommended by the Chief Fire Officer.

Towards the end of the year, the City Housing Committee became interested in the provision of a Municipal Caravan Site. Information was secured from one or two Authorities who have provided—apparently with some success—Municipal Sites. Whether such provision within the City will ease difficulties in connection with the Housing List is open to question, for the disposal of caravan dwellings without sites is difficult and caravan owners might be placed in great difficulty were they given housing accommodation and forced to remove their caravans from the site to make way for others.

There are, of course, other difficulties but the Ministry are carrying out a National Survey of Caravan Sites and a report is expected in early course which should prove of considerable local interest, as there are many hundreds of caravans in the fringe and surrounding areas of our busy industrial and University City.

(v) Offensive Trades

A few visits were made to the long established marine store dealer where conditions are reasonably good; otherwise only a few collectors of rags operate within the City there being no offensive trades registered.

(vi) Canal Boats

There are no boats on the local register and the only traffic on the canal consists of occasional barges used for coal and building materials and one or two specially designed holiday barges used for countryside tours.

(vii) Drainage

There were somewhat more complaints this year than last in connection with drainage defects 57 (38) but all were satisfactorily dealt with there being close collaboration with the Building Inspectors and Drainage Section of the City Engineer's Department.

The new Littlemore Sewage Works have now been working well for over a year. A relief sewer was provided in the Woodstock Road to obviate surcharging in that district and there is now reasonable freedom

from flooding in the North Oxford area. Low lying parts of the town are, however, still likely to be subject to difficulties in times of bad weather.

(viii) Riding Establishments, Stables and Piggeries

Little in the way of nuisance was discovered from these premises although a number of piggeries still require fairly regular attention.

The number of piggeries existing in the City is 46 and some 156 (202) inspections were carried out during the year. Close collaboration exists with the Divisional Veterinary Officer of the Ministry of Agriculture Fisheries and Food and his staff in so far as diseases of animals are concerned. The registration of 16 Pig Keepers' premises under the Diseases of Animals (Waste Food Order) was necessary and some 213 inspections of Poultry Dealers' premises were carried out during the year, certain information being provided to the Divisional Inspector in connection with the Poultry Disinfection Order.

Two Riding Establishments continue to be licensed and subject to visits by both the District Inspector and the official Veterinary Surgeon appointed under the Riding Establishments Act.

(ix) Pet Animals

31 (21) visits were made to 9 premises licensed under the provisions of the Pet Animals Act. Conditions generally are good and the businesses satisfactorily operated.

(x) Factories and Workplaces

It was again not possible to give attention to all the premises on the register during the year due to shortage of staff. Close liaison with H.M. Inspector of Factories was maintained and few contraventions were noted. A few offices were visited during the year and 19 visits made to 38 registered Outworkers premises which are mainly concerned with dressmaking, tailoring, glove-making and toy filling.

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	88	45	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	396	170	9	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	4	—	—
Total	492	219	10	—

Defects found in Factories

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	4	8	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)	—	1	—	—	—
(a) Insufficient ...	—	1	—	—	—
(b) Unsuitable or defective	16	19	—	5	—
(c) Not separate for sexes	—	1	—	—	—
Other offences (not including offences relating to Homework)	—	2	3	—	—
Total	20	31	3	5	—

(xi) Shops

325 (315) inspections of shops were carried out during the year and in only 2 cases was it necessary to serve Notices under the health provisions of the Shops Act, 1950. There was little need for criticism of the general standard of hygiene and cleanliness in most shops and increasing co-operation is being received from occupiers of premises subject to hygiene and health regulations.

(xii) Pest Extermination

Three assistants continue to carry out disinfestation work generally—usually under the direction of the District Inspectors. Complaints of infestations by rats, mice and other vermin are dealt with promptly and efficiently while periodic treatment of the City Sewerage System is carried out as in previous years. No further door-to-door survey work was carried out as it is now considered that previous surveys have attained their object. There is now pleasing co-operation from local residents and complaints received are followed up without delay.

First Maintenance Treatment

During July 216 manholes in West, Central, East and North Oxford areas were treated with approved bait containing Warfarin. Treatment was carried out three times within a period of eight days, and the final recording showed no major activity. The new form of treatment seems very effective and the general picture one of reduced rat infestation.

Second Maintenance Treatment

During October 230 manholes were treated in parts of Central, North Oxford, Summertown, South, West, East Oxford and Headington. Approved Warfarin bait was again used over a period of eight days and final records showed little if any evidence of rodent activity in these areas. This is the first occasion that such a negative result has been achieved over a wide area of the City's Sewerage System and probably points to the effectiveness of Warfarin baiting as against ordinary direct poisoning methods. It is hoped that subsequent treatment may confirm these results.

The Annual Contract system for business premises continued, there being 27 agreements in force as against 32 last year. Treatment under the agreements in each case includes (as necessary) the extermination of common insect pests (beetles, ants, flies, etc.), in addition to the clearance of rat and mouse infestations. Preparations used include D.D.T. and Gammexane in kerosene, Pybuthrin, Chlordane and Dieldrin—the latter being useful in the case of infestation by Pharoah's ants.

Infestation by cockroaches, fleas, bed bugs, etc., were few in number and point to the effectiveness of modern insecticides coupled with a greater interest by the public in the need for hygienic precautions generally.

The usual annual plague of Wasps was noted—122 wasp nests being dealt with (without charge on the instructions of the Health Committee) as against 142 last year. Each complaint was dealt with promptly and efficiently by the use of a kerosene based insecticide and much appreciation was usually expressed by the occupants of the premises concerned.

<i>Visits by Operatives in connection with Rodent Extermination</i>						<i>Totals</i>	
Local Government Premises—							
1st Visits	..	..	..	..	..	29	
Re-visits ..	..	..	..	..	..	184	213
Dwellinghouses—							
1st Visits	..	..	..	..	..	489	
Re-visits ..	..	..	..	..	..	3,386	3,875
Business Premises—							
1st Visits	..	..	..	..	..	133	
Re-visits ..	..	..	..	..	..	1,318	1,451
University Premises—							
1st Visits	..	..	..	..	..	13	
Re-visits ..	..	..	..	..	..	358	371
							<hr/>
							5,910
							<hr/> <hr/>

Baits Laid

Pre-baits	..	..	..	—
Poisons baits	..	..	..	14,233
Post-baits	..	..	..	—

Prevention of Damage by Pests Act, 1949.

Report for Year ended 31st March, 1959.

	TYPE OF PROPERTY				(5) Agri- cultural
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	
Number of properties in Local Authority's Dis- trict	329	27,974	3,983	32,286	79
Number of properties in- spected as a result of:					
(a) Notification ..	25	385	106	516	—
(b) Survey under the Act	—	—	—	—	79
(c) Otherwise (e.g. when visited primarily for some other purpose) ..	64	1,607	1,109	2,780	—
Total inspections carried out—including re-in- spections	150	3,504	8,166	11,820	79
Number of properties in- spected which were found to be infested by:					
(a) Rats { Major {	—	—	—	—	—
{ Minor {	17	290	61	368	—
(b) Mice { Major {	—	—	—	—	—
{ Minor {	14	163	76	523	—
Number of infested pro- perties treated by the Local Authority ..	31	453	137	621	—
Total treatments carried out—including re-treat- ments	33	489	161	683	—
Number of notices served under Sec. 4 of the Act:					
(a) Treatment	—	—	—	—	—
(b) Structural work (i.e., Proofing)	—	—	—	—	—
Legal Proceedings ..	—	—	—	—	—
Number of "Block" con- trol schemes carried out	—	—	—	—	—

(xiii) Atmospheric Pollution

Our first Smoke Control Order came into force during the year—on November 1st, 1958—being the central area of the City and involving some 173 acres of built-up land containing residential, university and commercial premises, offices, churches, etc. Ten Colleges affected have been most co-operative and have progressively reduced their coal usage, so that they might comply with the Order.

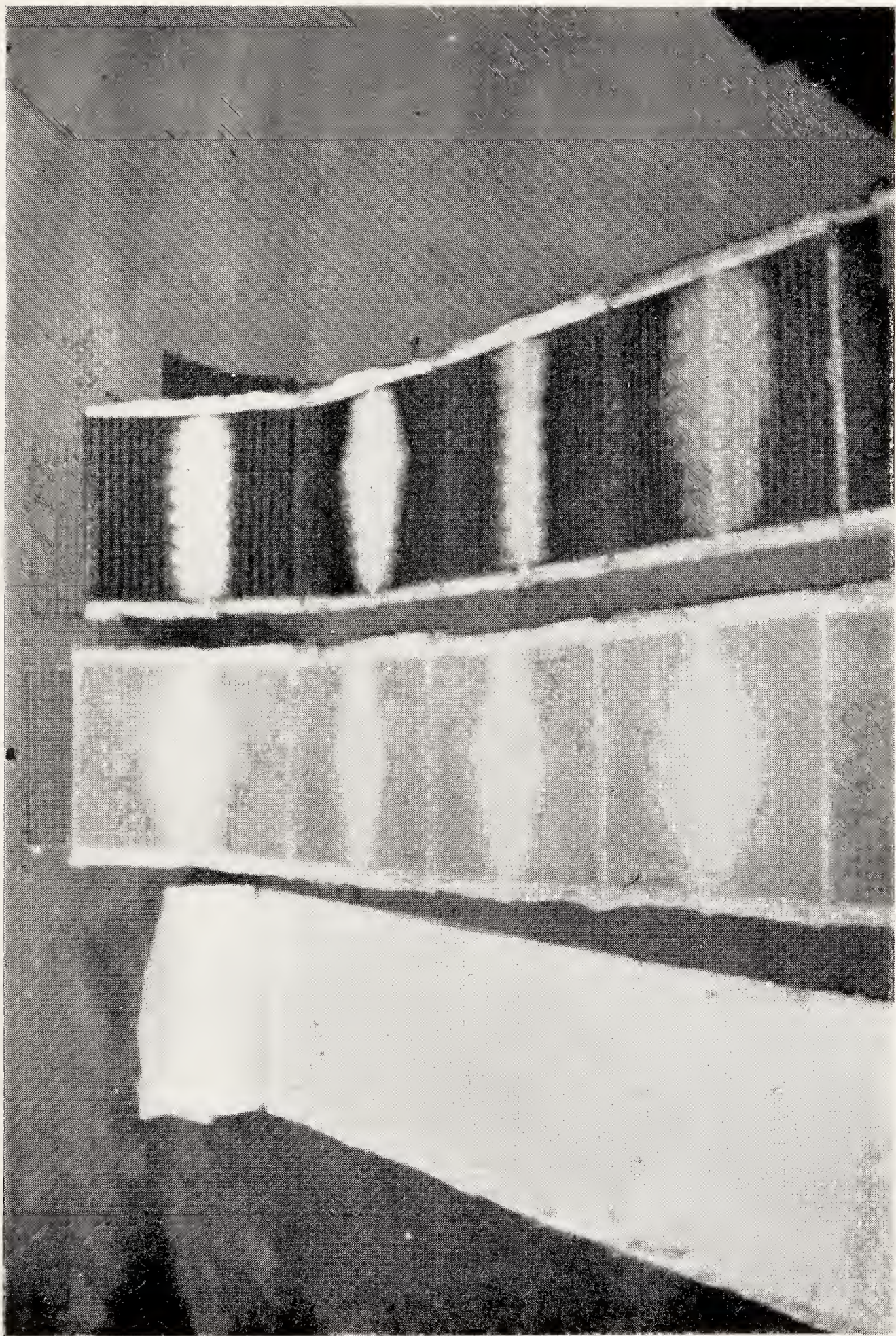
Exemptions included in the Order were in relation to an underfed coal fired boiler plant serving a Wholesale Grocer's premises—which has been remarkably free from smoke emission for a number of years. Another was the burning of logs in specially adapted grates in College Halls and Common Rooms—this to cover a point raised in connection with the traditional use on special occasions of logs in certain College fireplaces.

Expenditure in connection with the conversion or adaptation of certain fireplaces has been quite small, much less indeed than anticipated, for many people have, in advance of the confirmation of the Order, converted at their own expense or arranged for the burning of solid smokeless fuels on grates reasonably capable of so doing. The amount so far involved in grants has only been £140.

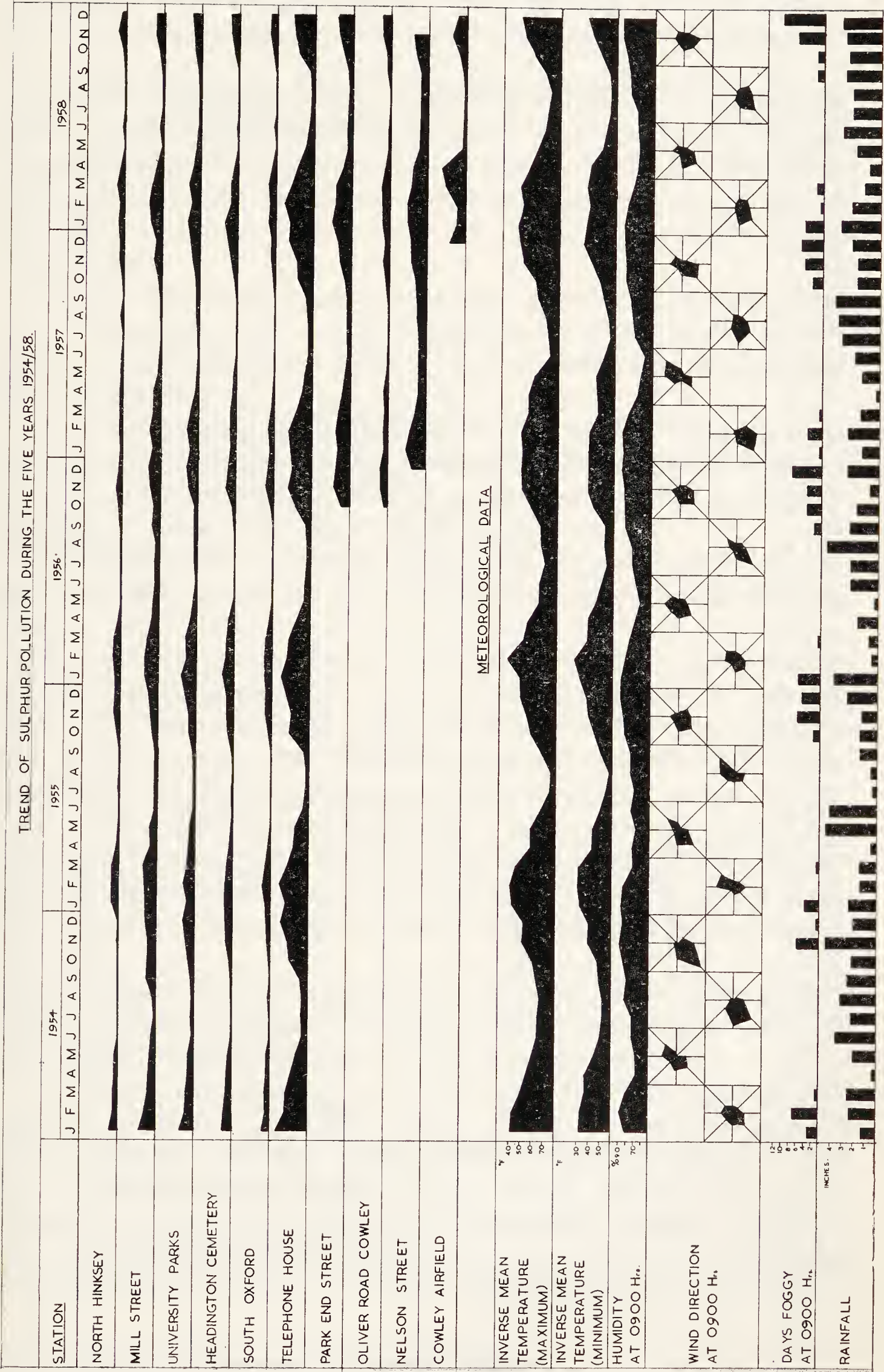
Considerable publicity by Press, T.V. and Radio over the last year or two, has it is felt, convinced many of the public that Clean Air is essential, and as a consequence, more attention has been given to the burning of Smokeless Fuels. It is probably true to say that more of these fuels are burned outside Smoke Control Areas than within, and demand continues to increase. It is clear that for some time to come the special Smokeless Fuels, i.e. Anthracite, Welsh Dry Steam Fuel, Coalite, Rexco and other special cokes will constantly be in short supply but better quality gas cokes are being developed and should become popular when the general public have learned how to use them efficiently in suitable grates.

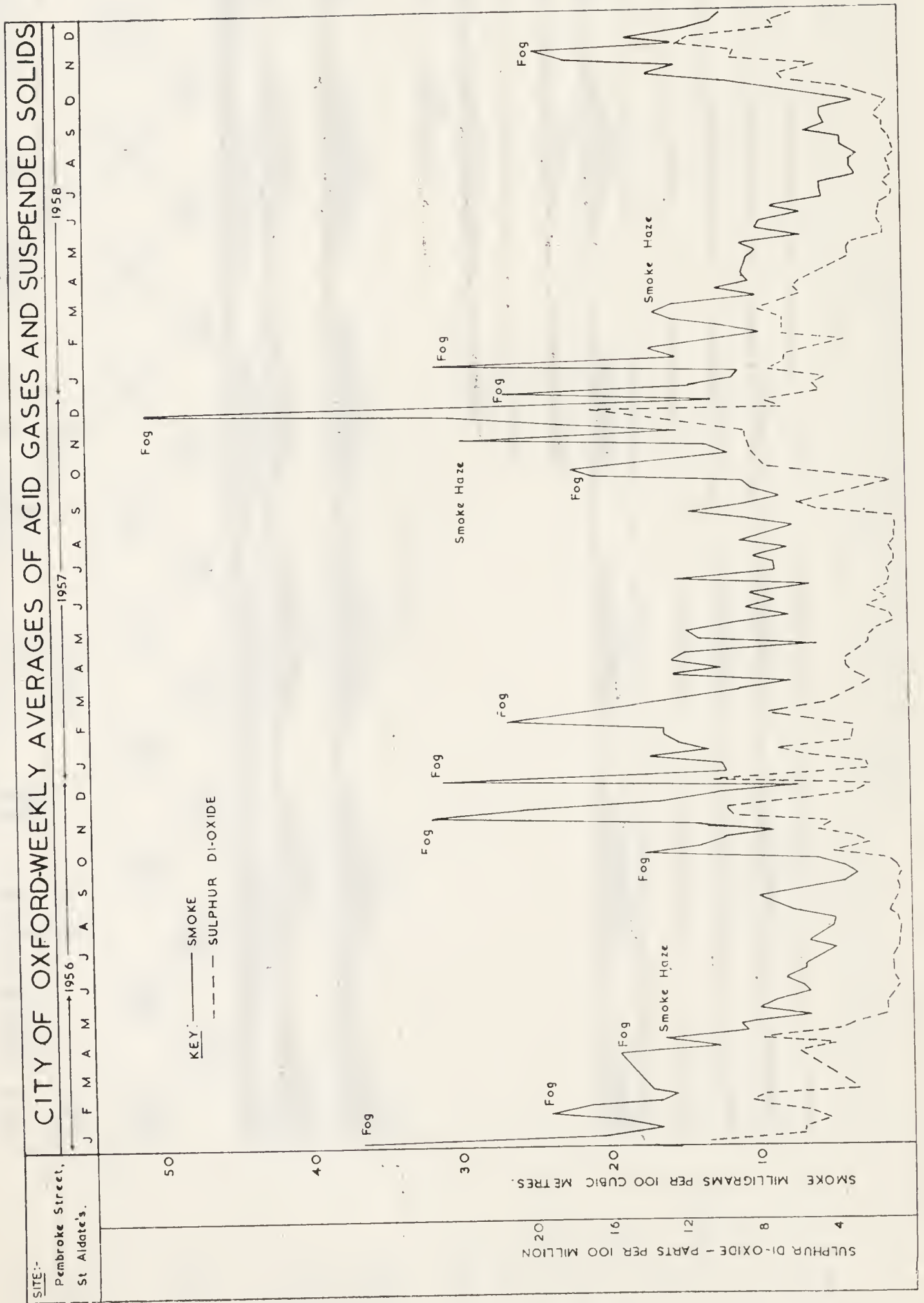
Our second Smoke Control Order comes into force on the 1st June, 1959, and involves the whole of the new Blackbird Leys Housing Estate. This is being developed by the City Council on the southern fringe of the City near the Cowley Industries and will provide some 700 houses with shops, a Community Centre, and public buildings. Occupiers of houses on the Estate have been circularised with regard to the burning only of Smokeless Fuel and as all houses are provided with approved appliances of the convector open grate type having controlled under-floor air inlets, no difficulty should be experienced in complying with the Order. The use of Gas Coke on these appliances is to be demonstrated before the Order comes into force and there will also be a Clean Air Exhibition in co-operation with the Coal Utilisation Council which should be of general interest to all residents of the City.

The Council have approved the Bye-Law relating to the installation only of approved appliances in all new buildings and this Bye-Law is now in operation throughout the City.



VENTILATION FILTER CLOTHS, NEW TELEPHONE EXCHANGE





The public have not been slow to draw attention to some smoke and grit problems since the publicity on Clean Air and the Smoke Control Orders and quite a number of complaints have been dealt with during the year.

Factory Management have co-operated in general with practical measures of prevention when called upon to do so by the Department. Increased heights of chimneys have been secured, careful attention to oil firing equipment and its efficient operation maintained and in one or two instances changes of fuel have been made to the benefit of the Management.

There is still need for sound training of Boilerhouse Operatives and Factory Management are to be encouraged to have their Stokers trained by such organisations as N.I.F.E.S. who are anxious to extend their training facilities.

It is hoped during the coming year to operate a Training Course for Public Health Inspectors leading to the Certificate in Smoke Inspection of the Royal Society of Health for clean air duties are becoming increasingly important to the staffs of Health Departments.

The usual records of sulphur emission and suspended solids and acid gases were kept during the year and tables are appended showing the trends.

Through the co-operation of the Engineer to Morris Motor Works an additional Daily Recorder is to be sited within the works and this should be of great interest to Factory Management and City Authority. With the operation of new oil fired plant at the new extension of the Works considerable attention was given to sulphur readings on the nearby Estate. The general picture was that sulphur readings though not particularly high were probably due equally to the almost invisible effluent from the factory chimneys and the more obvious domestic smoke given off by the many domestic flues on the Estate where coal is the principal fuel used.

The Volumetric Daily Recorders at our Pembroke Street office and the Geography School in Mansfield Road continued to work satisfactorily and the averages over the period under review are shown in tables.

It is once again pleasing to pay tribute to the co-operation in this matter of Atmospheric Pollution to Mr. F. Parker, a member of the staff of the Inorganic Chemistry Department under Councillor Brewer, and Mr. A. C. Martin of the Geography School through Prof. Gilbert for data secured in connection with sulphur and atmospheric records. Mr. J. W. Pringle, Morris Motors Works Engineer has also been most helpful and co-operative in this matter of Atmospheric Pollution.

(xiv) Swimming Baths and Bathing Facilities

A number of small instructional swimming baths have been provided at several schools in the City and others are proposed. Controlled chlorin-

ation is, of course, essential as a safeguard and this Department are interested in ensuring that the swimming baths throughout the City are maintained in a condition which will adequately safeguard the health of those using them. Of course the open bathing places on the Rivers Thames and Cherwell continue to be used by the public and the Temple Cowley and Hinksey Baths provide other satisfactory supervised bathing facilities.

Sampling routine continued in co-operation with the Department of the City Water Engineer.

(xv) Water Supply

The following report has been kindly supplied by the City Water Engineer (Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E.).

The supply of water was adequate throughout the year.

The new 3 million gallon Brasenose service reservoir was brought into service and new 24-in. and 15-in. diameter trunk mains from Brasenose Reservoir to the Cowley Area completed. These works have resulted in better and more constant pressure in the East of the City.

The total quantity of water treated at Swinford and pumped to Beacon Hill Reservoir during 1958 was 2,750,126,000 gallons, an increase of 59,025,000 gallons on the quantity treated in 1957.

After deducting metered supplies the average consumption per head per day was 21.9 gallons.

Bacteriological Examinations

Samples of water from the River Thames, which is the source of supply, were taken each month together with samples after settlement, after filtration and of the final water leaving Swinford Works.

The results of the examinations made by the Public Health Laboratory Service of the above samples showed the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 ml.

River Thames samples	550 to 350,000
Settled Water samples	0 to 130
Filtered Water samples	0 to 60
Final Water samples	0

Bacteriological samples were taken at least weekly from each of the service reservoirs and from consumers' taps in various parts of the supply area with the following results:—

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number
		Satisfactory	Unsatisfactory	
Works Cottages ..	14	14	—	100
Beacon Hill Reservoir	52	52	—	100
Headington Reservoir	52	49	3	94.2
Shotover Reservoir ..	95	80	15	84.2
Boars Hill Reservoir	52	40	12	77.0
Brasenose Reservoir	37	34	3	91.9
Consumers' Taps ..	265	244	21	92.0
Totals ..	567	513	54	90.5

The majority of the unsatisfactory samples were due to non-faecal organisms. Additional chlorination was done at the points concerned and Shotover and Boars Hill Reservoirs were emptied, cleaned out and sterilised before re-commissioning.

Chemical Analyses

Monthly samples of the Raw Thames Water and the Filtered Water were taken and the ranges of the chemical analyses of these are given below.

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
<i>Physical Characters—</i>				
Reaction pH	8.5	7.8	8.1	7.3
Colour in 2 ft. stratum	very turbid brown	Slightly turbid brown	Slightly turbid yellowish	Nil
	Parts per	million	Parts per	million
<i>Chemical Characters—</i>				
Total solids, dried at 180°C. ..	599	353	425	336
Chlorine in chlorides	25.0	20.0	25.0	20.0
„ × 1.647 = Sodium chloride	41.1	32.9	41.1	32.9
Nitrites	Present	Faint trace	Present	Nil
Nitrogen as Nitrates	6.0	1.20	5.2	1.40
Saline Ammonia .. ..	.272	.038	.084	.014
Albuminoid ammonia .. ..	.80	.176	.256	.120
Oxygen absorbed: 4 hrs. at 27°C.	8.30	1.00	2.15	.61
Hardness: Total	300	220	290	210
Temporary	230	135	210	145
Permanent	85	60	95	60
Poisonous metals: Lead	Nil	Nil	Nil	Nil
Copper	Nil	Nil	Nil	Nil
Free CO ₂	8.2	Nil	22.0	Trace
Phosphate as P ₂ O ₅	1.4	.18	Not determined	
Silica as SiO ₂	102	3.2	Not determined	
Fluorides as F .. ..	.16	.13	.11	.11

During the year a main was laid to Binsey Village and, although all the premises in the village are not yet connected, public water mains are now available for all properties in the City.

(B) HOUSING CONDITIONS

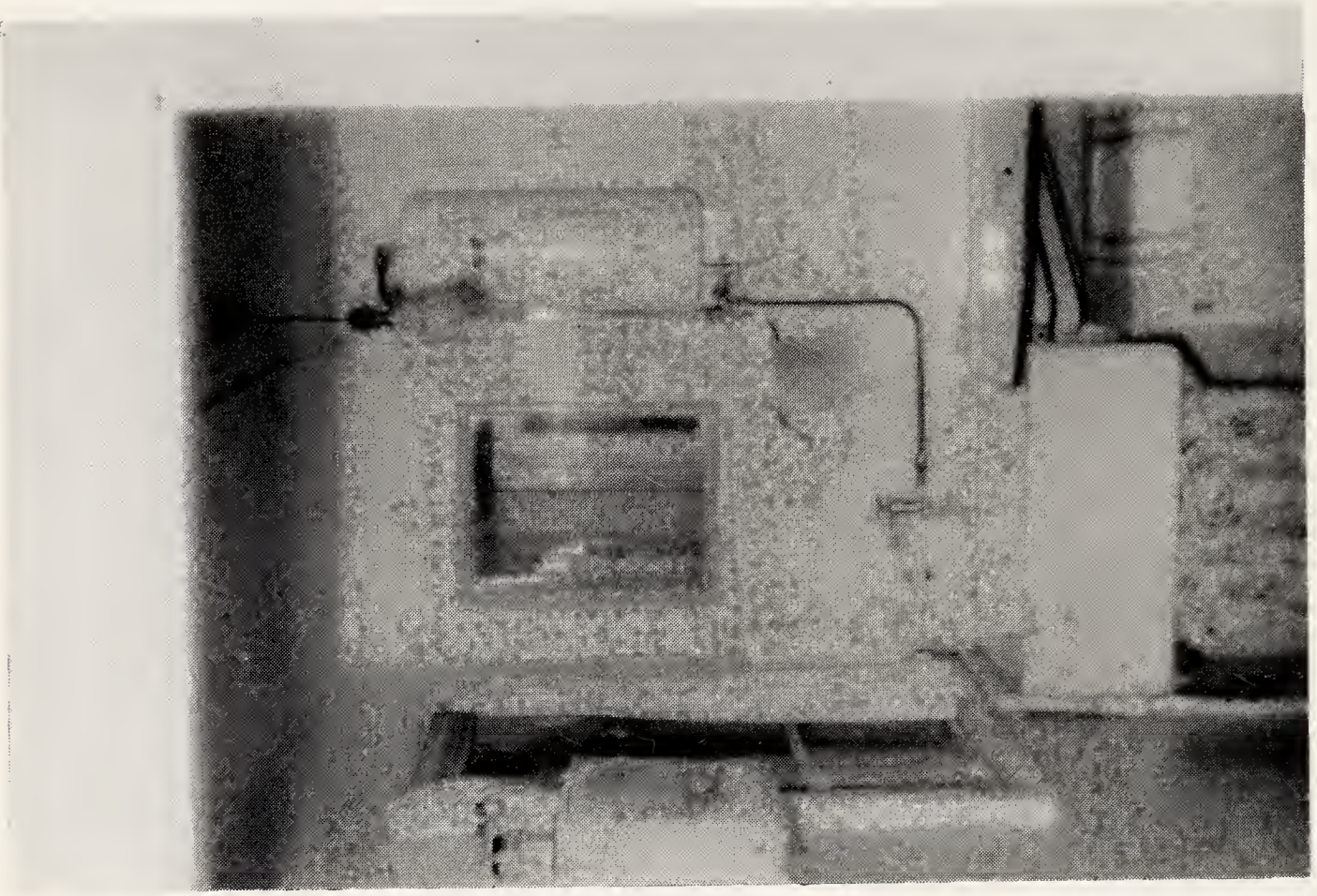
Progress with Slum Clearance mainly in the St. Ebbe's area continued during the year the City Housing Committee deciding to proceed by way of negotiated purchases in the case of all houses in the Friars Nos. 3, 4, 5, and 6 Clearance Areas. Agreements had been reached in nearly all cases at the time of making this report. Five Demolition Orders and thirteen Closing Orders on individual houses were confirmed during the year and thirty-six Certificates of Unfitness were submitted to the Minister in relation to unfit houses purchased by the City Council for inclusion in their Redevelopment Scheme.

Forty-five houses were demolished during the year under review and thirty-nine families rehoused by the Housing Department from unfit properties. In assessing progress in Slum Clearance generally during the year it was found that out of one hundred and three dwellings which remained after the war period still subject to housing action some ninety-three had been dealt with leaving only ten for completion of housing action. By November two hundred and seventy one houses had been dealt with as against the target of three hundred and sixty to be reached by March 1959. Over two hundred houses remain to be dealt with under our submitted programme although it is obvious that difficulty grows as time progresses and the worst of the houses have been cleared. There was a certain lag in rehousing of families occupying condemned property during the year due to some hold up in the new building programme but as speed increases in the completion of the building programme so should more rapid rehousing take place and greater opportunity exist for pulling down the empty properties. With the commencement of building on the new Blackbird Leys fringe housing estate at Cowley greater opportunity for rehousing should be available although it must be pointed out that considerable numbers of St. Ebbe's residents desire to remain there to take advantage of the new housing proposals which have been published and which it is hoped will actually commence during 1959.

There was a slight increase in the number of Applications for Certificates of Disrepair under the Rent Act 1957, 45 as against 40 the previous year, but this figure remains surprisingly small in relation to the thousands of houses which are subject to the Rent Act Provisions. There are signs that a fairly considerable amount of work has been carried out on houses by agreement between Landlords and Tenants although there is also a great number of cases where no action at all appears likely either to repair or alter rents. Again it should be said that the smallness of the numbers of applications for Certificates is in no way a reflection of the time spent or the effort made to secure repairs or satisfy enquirers with regard to the



KITCHEN IMPROVEMENT—BEFORE



KITCHEN IMPROVEMENT—AFTER

working of the Act. Indeed, the whole matter may be described as “a whale of a procedure to secure a sprat of a result”. There are far too many forms to be filled up and too much time consuming procedure to make the effort worth while, and it is certain that this has restrained many owners and occupiers from bothering with the Rent Act procedure at all.

The operation of the De-control Provisions of the Rent Act gave rise to certain apprehension within the Health and Housing Committee's in case large numbers of families might require housing accommodation by reason of Notices to Quit following termination of agreements, leases, etc. In fact very little occurred by the end of the year and those persons who appeared to be in difficulties have so far coped reasonably well with their own affairs and it is understood that out of many Notices to Quit served within the City only one appears to have reached County Court procedure.

Notices under Housing and Public Health Acts to secure repairs to dwellinghouses were made use of in one hundred and fifty-two cases and of those, four only required Statutory action before compliance was secured. In two cases default action was carried out by the Corporation.

Two hundred and four properties were inspected and recorded under the Housing Regulations many being in the St. Ebbe's area where clearance prior to redevelopment is being pressed for. The many demands on the services of Inspectors continues to affect progress in housing work and unless more time can be spent on this particular part of our duties progress will not be as quick as desired.

There were seventy-seven applications to the Housing Committee through the City Engineer for Improvement Grant payment and sixty-seven of these applications were successful.

The total value of grants issued was £12,232 and, as reported last year, the City Engineer and Surveyor states that the cost was mainly in relation to the provision of bathroom, hot water supplies and in most cases the inclusion of a water-closet. The grant last year amounted to £11,343 (77 grants).

The following table shows the action under the Rent Act 1957 and the number of Orders made under the Housing Act 1957:—

<i>Rent Act 1957</i>						<i>No.</i>
Applications for Certificates of Disrepair	..	..	..	..	..	45
Decisions not to issue Certificates of Disrepair	..	..	..	..	..	1
Decisions to issue Certificates of Disrepair	..	..	..	..	..	44
Undertakings given by Landlords	..	..	..	..	..	14
Certificates of Disrepair issued	..	..	..	..	..	37

<i>Housing Act 1957</i>						
Demolition Orders made	..	..	..	..	..	5
Closing Orders made	..	..	..	..	..	13
Certificates of Unfitness	..	..	..	..	..	36
Houses demolished	..	..	..	..	..	45
Families rehoused (unfit houses)	..	..	..	..	..	39

*Housing Act 1957**Statutory Action*

Notices served	4
Complied by owner	3
Complied by Local Authority	2

Repairs and Improvements carried out, 1958

Items	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations	4	23	6	33
Animal Nuisances	1	—	2	3
Cooking Accommodation	5	2	—	7
Dampness	41	2	—	43
Dustbins	8	16	1	25
Drains Tested	7	—	—	7
Drains/Waste Pipes Cleared	17	8	1	26
Drains/Waste Pipes, etc. Repaired	16	4	2	22
Doors/Windows Repaired	77	8	—	85
Ditches/Streams Cleansed	—	—	—	—
Floors	39	11	—	50
Food Stores	3	9	—	12
Gutters, Spouting	49	3	—	52
Hot Water Supply	3	10	1	14
Lighting Improved	7	5	—	12
Manure Pits Emptied	1	—	2	3
Manure Pits Rep./Improved	—	1	1	2
Piggeries Cleansed	—	—	2	2
Piggeries Repaired	1	—	2	3
Roofs	54	3	—	57
Rooms Cleansed/Redecorated	12	44	2	58
San. Accom. Prov./Rep.	20	13	11	44
San. Accom. Cleansed and Redecorated	6	15	2	23
Sinks/Wash Basins Rep./Prov.	10	20	—	30
Sites Cleared	3	3	—	6
Smoke Nuisances (Industrial)	1	—	2	3
Stables Cleansed	—	—	—	—
Ventilation Improved	8	7	—	15
Walls and Chimneys (External)	47	9	—	56
Walls and Ceilings (Internal)	52	47	5	104
Water Supply Prov./Reinstated	2	1	—	3
Water Heaters Provided	2	9	—	11
Water Supply Installed	1	4	—	5
Yards Repaired, etc.	6	3	1	10
Other Nuisances	26	56	11	93
Totals	529	336	54	919

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

There were 47 distributors of milk on the register at the end of the year as compared with 48 for the previous year and the Co-operative Society heat treatment plant continues in operation. This heat treatment plant is in process of extension and further modernization and it is hoped by the end of 1959 that it will be completed and have most up-to-date handling equipment. 22 shop keepers continue to sell bottled milk as received and sterilized milk is distributed by the Oxford Co-operative Society through their various branches. The City is a "Special Designation" area, and no untreated undesignated milk may be sold within the area.

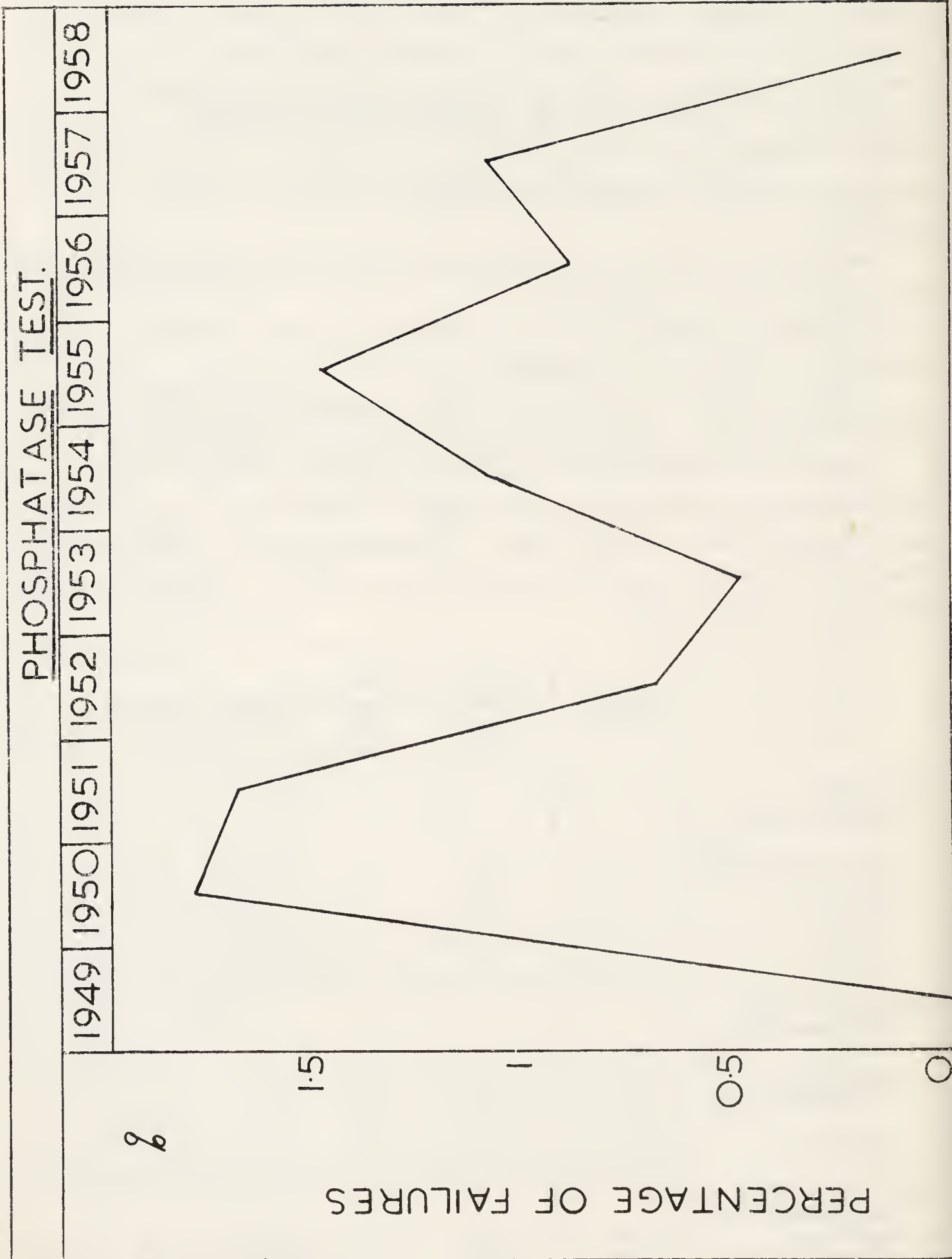
43 samples of milk were examined locally by the Gerber method and only one proved unsatisfactory.

11 Formal Samples were taken during the year and only one was returned as being below standard.

The average fat content of samples proved to be 3.48% with non fatty solids 8.43%—slightly less than the figures for last year.

One case of adulteration of milk arose during the year when 7% of added water was detected in a farm supply. Samples in course of delivery had indicated 16% of added water. Prosecution did not follow however because of certain mitigating circumstances which are referred to in the Food and Drugs Section.

	Samples Tested	Satis. (Normal Lab. Temp.)	Satis. (Abnormal Lab. Temp.)	Total Satis.	Declared Void	Failed
Raw Milk (Methylene Blue Test)						
T.T. (Farmbottled)	26	19	—	19	—	7
T.T.	56	49	—	49	—	7
Ungraded	12	11	—	11	—	1
Total	94	79	—	79	—	15
Heat Treated Milk (Methylene Blue Test)						
Pasteurised ..	237	128	80	208	28	1
T.T. (Pasteurised)	605	387	174	561	42	2
Total	842	515	254	769	70	3
Heat Treated Milk (Phosphatase Test)						
Pasteurised ..	237	235	—	235	1	1
T.T. (Pasteurised)	605	603	—	603	2	—
Total	842	838	—	838	3	1
Heat Treated Milk (Turbidity Test)						
Sterilised	6	6	—	6	—	—
Total	6	6	—	6	—	—



94 (97) samples of T.T. raw milk were subjected to the Methylene Blue Test for keeping quality and 15 (17) failed, a percentage of 15.9. This was a slight improvement on the previous year but again the failures related to only one or two producers. The ungraded milk produced from the herd of a local hospital and subject to Ministry supervision was examined, 12 samples being taken only one of which failed the keeping quality test.

842 Pasteurised milk samples were taken during the year and subjected to the Methylene Blue test 769 being satisfactory, 70 were void and 3 failed. One sample failed the Phosphatase test and despite considerable investigation no reason for this failure was discovered. 838 samples satisfied the test and 3 were void. 18 samples from school milk supplies also satisfied the official test as did all samples of sterilised milk. As will be noted from the table no less than 73 samples of heat treated milk were declared void by reason of high laboratory temperature, there still being no alternative method of examination.

Tubercle Bacilli in Milk

Due to shortage of guinea pigs for biological laboratory tests and increase of T.T. supplies more discrimination was exercised in the taking of samples from farm supplies on delivery to the only Dairy Depot in the City. 50 (262) samples were taken of which one proved positive while in three cases animals died before completion of the test.

Ice Cream

A further rise in the number of dealers on the register of Ice Cream sellers is shown there being 383 (371). 5 manufacturers continue to operate their factories within the City and general standards are satisfactory.

Nearly all the Ice Cream sold in the City is pre-wrapped or packed in containers before sale and only one sample was returned during the year as in Grade 4. A follow-up sample proved satisfactory.

17 samples of Ice Cream taken for examination under Food and Drugs Act were satisfactory although results were slightly below those of the previous year fat being 11.09 (11.1%) sugar 15.87 (15.9%) and total solids 37.21 (38.67%).

Proposals to introduce amended descriptions of Ice Cream are recommended by the National Food Standards Committee and no doubt by the time this Annual Report is circulated these descriptions may be in operation. The principal aim is to ensure that Ice Cream containing butter fat and milk solids is described as a "Dairy Product" as against the ordinary present-day description for an article now well known to contain mainly vegetable fat with certain milk solids.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

Constant attention continues to be given to food premises of all kinds throughout the City, regular inspections being carried out and advice given where necessary.

Our "on-the-spot" yellow tickets continue to be used although the need for them has decreased significantly—34 as against 65.

The following table shows the number and type of premises inspected and the number of inspections made during the year.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	19	148
Butchers	79	1,214
Cake Shops	24	64
Confectioners	64	140
Dairies and Milkshops	41	197
Fishmongers and Poulterers	29	213
Food Preparing Premises	82	222
Fruiterers and Greengrocers	86	302
Grocers	238	738
Ice Cream Manufacturers	5	48
Miscellaneous (including Ice Cream Retailers, etc.)	—	1,606
Open Stalls, Hawkers, etc.	117	1,214
Restaurants, Cafes, Kitchens, Snackbars and Canteens	91	634
St. Giles' Fair Food Stalls	51	522
Visits re Sampling	—	988

(b) Hygiene, Education and Publicity

Every effort is made to spread wherever possible the Gospel of Clean Food and Good Hygienic Standard. Our coloured slides continue to be useful in illustrating talks and lectures to the many interested bodies within the City. Organised lectures are given to Domestic Science and School Leaver Classes, Food Trade Associations, Licensed Victualling Trade, Co-operative Apprentice Training Courses, District Nurses, Medical Students, Women's Guilds and Institutes, etc. Propaganda material is available from the Department on request and co-operation from the local press has been helpful from time to time in publicising matters of interest in hygiene and health measures.

A successful prosecution (£5 fine) was taken at the end of the year against a local baking firm who pleaded guilty to the selling of a Malt Loaf containing a wire nail. This followed another incident involving the same firm when a cake containing a wooden splinter was the subject of complaint. A warning was given in this case.

Apart from this there were a number of other matters dealt with involving food traders which did not result in statutory proceedings. Several warnings were issued to Proprietors of Cafes—particularly those of the continental variety—in regard to conditions not considered alto-

gether satisfactory. Constant inspection and pressure without too much wielding of a big stick have combined to improve considerably the general hygienic standard of food premises throughout the City.

(iii) Meat Inspection

There was a slight increase in the total number of animals slaughtered at the two slaughterhouses 27,730 as against 26,972.

There was an increase in the number of cows slaughtered during the year but a considerable reduction in the number of calves passing through the slaughterhouses. Pigs were increased in number while sheep were slightly more than during the previous year. The Co-operative premises dealt with approximately the same number of animals as the previous year while Eastwyke Farm handled about one thousand more than during 1957.

It is pleasing to record that very little overtime was found necessary for meat inspection despite the higher throughput due to excellent co-operation from the slaughtering firms and butchers. No week-end duty was necessary; slaughtering usually ceases by Friday each week and the general meat inspection procedure operates smoothly with Inspectors taking regular duty on a rota system approximately one week in four.

The Oxford Co-operative Society completed improvements to their slaughtering premises in Botley Road during the year and quickly found the benefit of modern methods. The slaughtering of both cattle and pigs was speeded up to a considerable extent and enabled the staff to increase throughput. The premises are now capable of handling many more carcasses than formerly although cool hanging space is still in need of amendment in order to achieve even better results. The Society are proceeding with further cold storage accommodation which should be completed early in 1959. New premises for the manufacturing of meat products are also on the verge of completion and should prove a model of mechanical efficiency and hygienic attainment.

The Eastwyke Farm premises of Messrs. R. R. Alden and Son are still well below the standards envisaged by the new Slaughterhouse Regulations and considerable thought and expenditure will be necessary if the premises are to be brought up to modern standards. It is hoped that some decision may be made on this matter during the ensuing year.

Deep freeze facilities at the depot at Wolvercote, and at the cold stores operated by Messrs. Weeks and Messrs. Oliver and Gurden have proved most useful from time to time for the storage of carcasses affected by *Cysticercus Bovis*. In such cases carcasses are quartered, sealed in mutton cloth, and held for the appropriate period before sale.

The following figures indicate throughput at each Slaughterhouse during the year, the number of visits for purposes of meat inspection being 1,396 as against 1,420.

			<i>Eastwyke</i>	<i>Co-op.</i>	<i>Shops</i>
Bulls	..	..	2	—	—
Steers	..	..	767	1,002	—
Cows	..	..	66	501	—
Heifers	..	..	457	1,468	—
Calves	..	..	754	524	1
Sheep	..	..	3,914	7,577	—
Swine	..	..	3,492	7,205	—
			9,452	18,277	1

The table below shows the extent of meat inspection work over the last 20 years with visits made under the provisions of the Public Health Meat Regulations.

Year	Total number of animals inspected	Total number of visits in connection with meat inspection
1939	29,661	4,335
1940	81,988	952
1941	70,322	984
1942	48,529	1,095
1943	39,772	1,021
1944	38,579	911
1945	35,976	969
1946	35,301	1,015
1947	30,313	987
1948	24,761	1,001
1949	25,849	980
1950	28,732	1,096
1951	23,303	811
1952	30,700	779
1953	29,033	834
1954	35,188	901
1955	30,662	824
1956	37,183	982
1957	26,972	1,420
1958	27,730	1,396

Cysticercus Bovis

29 (40) suspected cases of *Cysticercus Bovis* (tape-worm cysts) were discovered in animal carcasses during the year. Cold storage precautions were taken in all cases. 16 cases were positively identified on Laboratory examination while 11 were returned as cysts in various stages of degeneration which prevented absolute Laboratory confirmation. 2 cases were returned as negative. Cysts were confined to cheek muscles only in 24 cases, both heart and cheek muscles in 2 cases and the heart muscle in a single instance. The Divisional Veterinary Officers of the Ministry were advised wherever possible so that enquiries could be made as to the sources of the animals affected. Tracing of animals once more was not always successful despite general co-operation by the trade and there still remains lack of reliability in the identification of animals throughout the general marketing system.

Liver Fluke (Distomatosis)

The following figures show the trend for the last eight years in this parasitic affection of bovines and sheep. There was an increase in the incidence found in 1958.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1951	10,759	1,035	9.62	10,094	180	1.78
1952	11,823	1,288	10.81	15,602	377	2.41
1953	9,502	1,119	11.75	15,017	541	3.57
1954	8,982	734	8.14	18,079	254	1.39
1955	6,392	777	12.12	12,847	197	1.51
1956	7,779	1,057	13.52	17,722	205	1.14
1957	6,310	548	8.66	11,042	29	0.26
1958	5,542	668	12.02	11,491	59	0.51

Calves (Salmonellosis)

Following information from the Colindale Laboratory regarding infection of calves in the Southern Region efforts were made to trace infection through the Oxford Slaughterhouses in co-operation with the Public Health Laboratory Staff. 2 positive cases were found early in the investigation, in calves passed through a distribution centre near Oxford. A further 126 specimens were taken from calves thereafter without a single positive result being achieved. Samples were therefore discontinued as it was felt that no good purpose would be served by further sampling. No other incidence has since been reported.

Tuberculosis

The following table and graph show results achieved over the past 10 years and the general decline in Tuberculosis infection among cattle and pigs continues.

Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1949	9.1	27.6	0.1	5.9
1950	10.4	25.4	0.1	4.0
1951	11.0	20.3	0.1	5.9
1952	9.8	12.0	0.09	3.0
1953	7.5	11.2	0.09	2.2
1954	6.5	13.3	—	2.5
1955	5.7	11.4	0.08	1.9
1956	4.8	12.5	0.1	1.8
1957	2.5	6.1	0.05	1.6
1958	1.8	4.4	—	1.4

Total Condemnation of Meat, 1958

	lbs.	lbs.
English Meat	26,365	
Imported Meat	219	
	—————	26,584

Condition

1. Tuberculosis	7,809	
2. Other Diseases	18,471½	
3. Decomposition	303½	
	—————	26,584

Carcases Inspected and Condemned, 1958

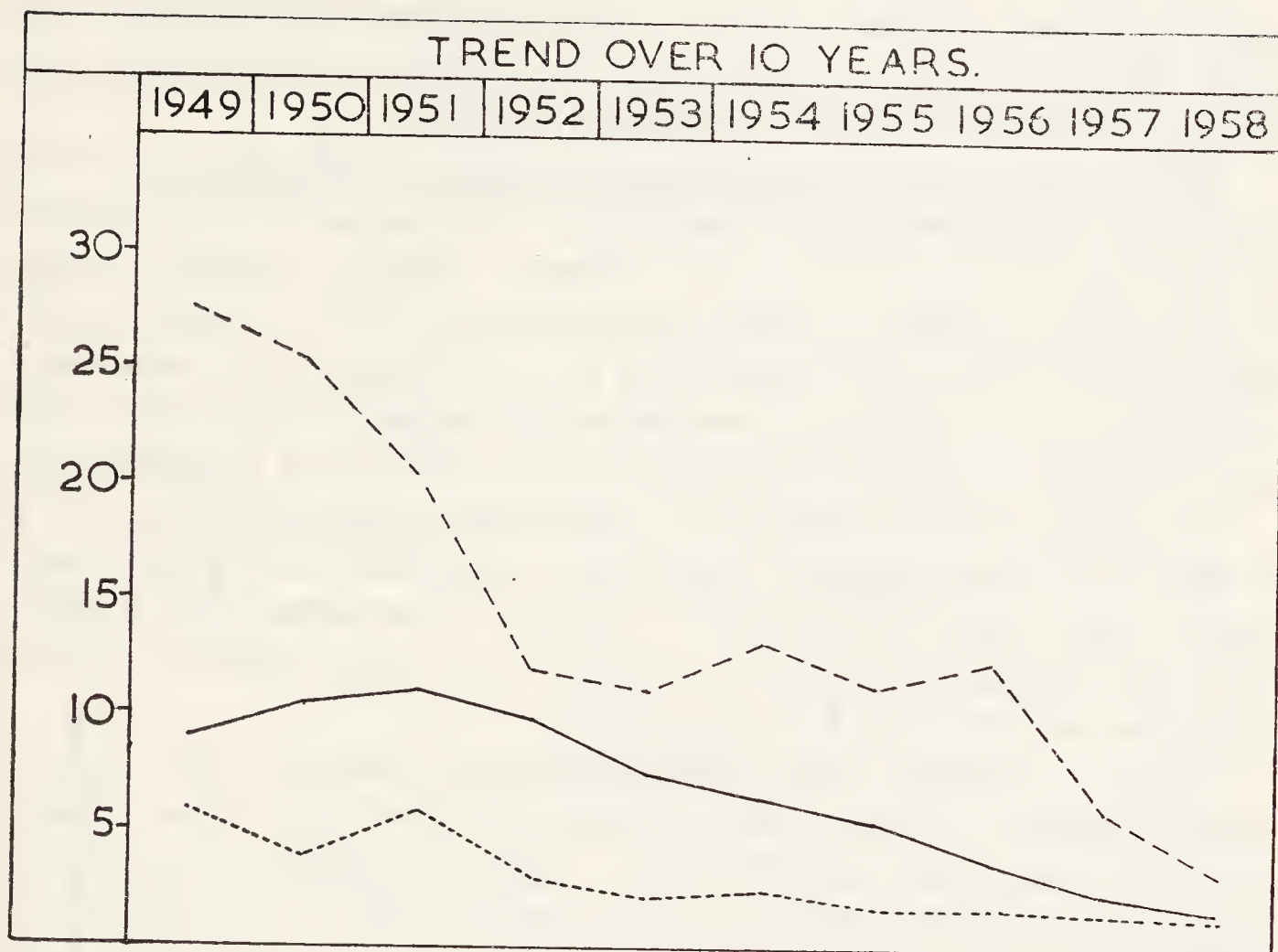
	Cattle, exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3,696	567	1,279	11,491	10,697
Number inspected	3,696	567	1,279	11,491	10,697
<i>All diseases except Tuberculosis:</i>					
Whole carcasses condemned ..	3	1	3	2	9
Carcasses of which some part or organ was condemned ..	1,048	189	6	369	732
Percentage of the number in- spected affected with disease other than tuberculosis ..	28.4	33.3	0.7	3.2	6.9
<i>Tuberculosis only:</i>					
Whole carcasses condemned ..	4	—	—	—	—
Carcasses of which some part or organ was condemned ..	64	25	—	—	147
Percentage of the number in- spected affected with tuber- culosis	1.8	4.4	—	—	1.4

Decomposition of Meat, 1958

Quantity dealt with								Weight lbs.
ENGLISH:								79
Beef .. .. .	..	..	..	..	..	..	..	5½
Pork Offal .. .. .	..	..	..	..	..	..	..	84½
IMPORTED:								107
Beef .. .. .	..	..	..	..	..	..	..	112
Pork Offal .. .. .	..	..	..	..	..	..	..	219
Total .. .. .	..	..	..	..	..	..	..	303½

Tuberculosis in Food Animals, 1958

Portions dealt with	Bovines		Pigs		TOTALS	
	No.	Weight (lbs.)	No.	Weight (lbs.)	No.	Weight (lbs.)
Whole Carcasses	4	3,053	—	—	4	3,053
Part Carcasses	5	357	—	—	5	357
Heads and Tongues	47	1,481	136	1,557½	183	3,038½
Lungs	62	670	3	6	65	676
Hearts	—	—	2	1½	2	1½
Livers	18	252	1	3½	19	255½
Stomachs and Intestines ..	8	260	10	120	18	380
Other Organs	5	22	24	25½	29	47½
Totals	149	6,095	176	1,714	325	7,809



Where unsound meat is considered unsuitable for disposal by processing or dog feeding it is incinerated by arrangement with the Administrator of a local hospital. A small amount was released during the year by special arrangement for mink feeding.

There was again a decrease in the amount of meat condemned and the figure for imported meat remains very small despite the shortage of good cooling and storage facilities for meat generally.

There is noted, however, an attempt by local traders to improve cold storage facilities and it is to be hoped that this trend will continue. No seizures of meat were made during our inspection duties during the year.

(iv) Sampling of Food and Drugs

183 (219) samples were submitted for examination by the Public Analyst and of these 13 (28) were returned as non genuine.

As mentioned under "Milk and Milk Products", 11 Formal Samples of milk were taken during the year only one being returned as unsatisfactory. One case of added water was followed up; samples in course of delivery indicated about 16% of added water but a Formal Sample showed about 7% in the supply from the farm where there was history of interference with deposited churns of milk at the dairy. Churns were unsealed

and the building unlocked. After careful consideration the Health Committee decided to issue a warning and subsequently all churns from this farm have been sealed before transport to the depot.

Early in the year a consignment of apples was reported as being affected by copper and lead arsenate spray. Samples taken locally showed up to 28 p.p.m. lead and 15 p.p.m. of arsenic. Washing was tried but the material found resistant to ordinary methods and on the advice of the City Analyst the local dealer surrendered his consignment for destruction. This consignment appeared somewhat isolated as in the majority of other cases washing or vigorous wiping removed most of the contamination.

A sample of bacon bought by a particular complainant was said to be similar to bacon regularly bought from a shop in the City which always showed black spots and streaks on frying. It was discovered that the colour was caused by oxide derived from the iron pan which was used for frying, but otherwise had no significance.

One or two cases of unsatisfactory labelling were discovered involving Almond Ratafias, Wurst Delikat (flavouring) Sea-Legs (travel sickness tablets) Chicken Cutlet and Hot Dog. Progress was achieved in all cases amendment of labels being agreed in connection with the Ratafias, the Flavouring and the Travel Sickness Tablets, while in the case of the Chicken Cutlet the description was altered to "Chicken Croquette". This sample had in fact 21% chicken content. Investigation into the "Hot Dog" manufacture revealed that it was principally a Potato Cake Mixture with no more than 5% of meat content. The manufacturer was advised that a "Hot Dog" was normally considered to be a cooked sausage within a bread roll or a layer of sausage meat similarly served. He withdrew the offending article from sale.

A sample of Tea was found to contain 5 p.p.m. arsenic and 108 p.p.m. zinc and was considered as emanating probably from the bottom of a tea box containing considerable contaminated tea dust. Another sample proved genuine.

One Bread and Butter sample was found infected with mould and a sample of Dried Apricots submitted for examination was found to contain much filth, grit, straw and indeed dead ants. The offending fruit had been offered for jam making but was immediately withdrawn from sale following the Analyst's report.

A sample of sausage rolls was found to contain 10.3% of meat and was considered of poor quality and the manufacturers agreed to increase the meat content.

Faulty labelling of many articles of Food and Drugs still seems prevalent and it is surely time for agreement to be reached between the manufacturers and other Associations concerned in regard to this matter.

There was relative freedom from troubles due to imported egg material during the year although one sample of American Egg Albumen was found positive (*Salmonella Tennessee*).

CONDITION	WHOLE CARCASSES & ALL ORGANS			PART CARCASSES			HEADS & TONGUES			LUNGS			HEARTS			LIVERS			STOMACHS & INTESTINES			OTHER ORGANS			TOTAL WEIGHT		
	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	lbs.	lbs.	lbs.
Abscesses ..	—	—	1	3	1	10	1	3	10	278	10	8	3	—	—	9	—	—	4,287½	48	144	—	—	—	—	—	—
Actino { mycosis bacillosis	—	—	—	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	398½	—	—	—	—	—	—	—	—
Angioma ..	—	—	—	—	—	—	—	—	—	23	1	—	—	—	—	—	—	—	357	2	—	—	—	—	—	—	—
Cirrhosis ..	—	—	—	—	—	—	—	—	—	52	93	207	—	—	—	—	—	—	676	—	526½	—	—	—	—	—	—
Cysts ..	—	—	—	—	—	—	8	1	—	3	—	5	—	—	—	—	—	—	117	166½	17	—	—	—	—	—	—
Cisticercus Bovis ..	—	—	—	29	—	—	3	—	—	668	59	—	—	—	—	—	—	—	980	—	—	—	—	—	—	—	—
Distomatosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,930	88	—	—	—	—	—	—	—
Emaciation ..	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	31	—	—	—	—	—	—	—
Fatty Degeneration ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	—	—	—	—	—	—	—	—
Fevered.. ..	3	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	716	—	490	—	—	—	—	—	—
Inflammatory condition ..	1	—	1	—	—	—	13	—	20	3	—	21	1	—	3	6	—	—	369	—	366½	—	—	—	—	—	—
Injury ..	2	1	1	1	1	3	1	1	5	1	4	2	—	—	—	—	—	—	1,455	110	322	—	—	—	—	—	—
Necrosis ..	—	—	—	—	—	—	—	—	—	13	37	—	—	—	—	—	—	—	65	7½	91½	—	—	—	—	—	—
Oedema.. ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	62	—	—	—	—	—	—
Parasitic condition ..	—	—	—	1	—	—	—	—	—	1	183	113	—	—	—	—	—	—	10	305	337	—	—	—	—	—	—
Pericarditis ..	—	—	—	—	—	—	—	4	91	—	—	1	—	—	—	1	—	—	32	4	68½	—	—	—	—	—	—
Pneumonia ..	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	22	6	394½	—	—	—	—	—	—
Pyæmia ..	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	123	—	—	—	—	—	—	—	—
Tumours ..	—	—	—	—	—	—	—	—	—	6	2	—	—	—	—	—	—	—	320	4	—	—	—	—	—	—	—
	7	2	9	48	1	2	40	14	315	126	1049	352	394	7	—	3	18	—	14,880	772	2,819½	—	—	—	—	—	—

It would seem that more care is being taken by local manufacturers in connection with their orders of egg material. There is no doubt that much of the imported egg is generally unsatisfactory from the Food Hygiene point of view although pressure from Local Authorities is by now having its effect on the importation and handling of this unsatisfactory product.

Merchandise Marks Act 1887/1953

513 (372) visits were made to shops and premises in the City and steps taken to ensure that proper marking and descriptions of certain food commodities were being carried out. On the whole there seems reasonable precaution by most traders but again fruit and tomatoes were the principal subjects of unsatisfactory notices. No statutory action was taken but a number of warnings issued.

Foodstuffs Surrendered for Destruction

Commodity									Weight in lbs.
Bacon	..	..	..	..	..	..	..	..	289 $\frac{1}{4}$
Beverages	..	..	..	..	..	..	..	..	14 $\frac{1}{2}$
Cheese	..	..	..	..	..	..	..	..	540 $\frac{1}{2}$
Confectionery	..	..	..	..	..	..	..	..	266 $\frac{1}{2}$
Fish	..	..	..	..	..	..	..	..	649
Fruit	..	..	..	..	..	..	..	..	964 $\frac{1}{4}$
Jam	..	..	..	..	..	..	..	..	24
Meat, Manufactured	..	..	..	..	..	..	..	..	23
Pickles	..	..	..	..	..	..	..	..	19 $\frac{3}{4}$
Poultry	..	..	..	..	..	..	..	..	61
Salad Dressing	..	..	..	..	..	..	..	..	61 $\frac{1}{4}$
Sauces	..	..	..	..	..	..	..	..	11 $\frac{1}{4}$
Sausages	..	..	..	..	..	..	..	..	36 $\frac{1}{2}$
Spreads	..	..	..	..	..	..	..	..	20
Miscellaneous	..	..	..	..	..	..	..	..	122 $\frac{1}{2}$
									3,103 $\frac{1}{4}$
Canned—									
Fish	..	..	..	..	..	..	..	..	186 $\frac{1}{4}$
Fruit	..	..	..	..	..	..	..	..	4001
Jam	..	..	..	..	..	..	..	..	89
Meat	..	..	..	..	..	..	..	..	2927 $\frac{1}{4}$
Milk	..	..	..	..	..	..	..	..	191 $\frac{1}{2}$
Soup	..	..	..	..	..	..	..	..	163 $\frac{1}{2}$
Vegetables	....	..	..	..	..	..	..	..	2609 $\frac{1}{4}$
Miscellaneous	..	..	..	..	..	..	..	..	287 $\frac{1}{4}$
									10,455
									13,558 $\frac{1}{4}$

All of the above foodstuffs were disposed of by deep tipping, under supervision, by arrangement with the City Cleansing Superintendent.

(v) Markets

It is pleasing to note the great improvement in the appearance and general hygienic condition of the City Covered Market. The Markets and Fairs Committee have proceeded with drainage amendments and decoration,

FOOD AND DRUGS ACT, 1955

Samples taken for Analysis during the year 1958

Article	No. of Samples obtained			Result of Analysis	
	Formal	Informal	Total	Genuine	Non-Genuine
Almond, Paste ..	—	1	1	1	—
Almonds, Ground ..	—	1	1	1	—
Apples	—	4	4	2	2
Bacon	—	1	1	—	1
Beverages ..	—	1	1	1	—
Biscuits	—	2	2	1	1
Bread and Butter ..	—	1	1	—	1
Bread Rolls, Spread ..	—	1	1	1	—
Butter	—	13	13	13	—
Cake	—	7	7	7	—
Cheese	—	6	6	6	—
Chicken, Chopped ..	—	1	1	1	—
Christmas Pudding ..	—	1	1	1	—
Coconut	—	1	1	1	—
Coffee and Chicory Essence ..	—	2	2	2	—
Confectionery	—	12	12	12	—
Cooking Fat Composition ..	—	1	1	1	—
Cooking Oil	—	1	1	1	—
Cordials	—	7	7	7	—
Cutlets, Chicken ..	—	2	2	1	1
Fish Cakes	—	5	5	5	—
Flavouring	—	4	4	3	1
Flour Products	—	4	4	4	—
Fruit, Canned	—	2	2	2	—
Fruit, Dried	—	6	6	5	1
Ice Cream	—	16	16	16	—
Margarine	—	7	7	7	—
Marzipan	—	2	2	2	—
Meat Cake Mixture ..	—	1	1	—	1
Meat, Canned	—	2	2	2	—
Meat, Cooked	—	1	1	1	—
Meat, Luncheon	—	4	4	4	—
Meat Roll	—	3	3	3	—
Milk	11	—	11	10	1
Olive Oil	—	1	1	1	—
Paste, Fish	—	1	1	1	—
Pepper, White	—	1	1	1	—
Pepper, Black	—	1	1	1	—
Pie Filling	—	1	1	1	—
Pie, Pork	—	1	1	1	—
Pie, Steak and Kidney ..	—	2	2	2	—
Polony	—	1	1	1	—
Preserves	—	3	3	3	—
Pudding, Milk	—	1	1	1	—
Rice	—	1	1	1	—
Sauces	—	3	3	3	—
Sausages, Beef	—	1	1	1	—
Sausages, Pork	—	7	7	7	—
Sausage Rolls	—	3	3	2	1
Spices	—	2	2	2	—
Stew, Irish	—	1	1	1	—
Suet, Beef	—	2	2	2	—
Sugar, Demerara	—	2	2	2	—
Tea	—	5	5	4	1
Vinegar	—	1	1	1	—
Drugs:					
Aspirin Tablets ..	—	2	2	2	—
Bicarb. of Soda ..	—	1	1	1	—
Bronchial Balsam ..	—	1	1	1	—
Lanoline	—	1	1	1	—
Travel Tablets ..	—	3	3	2	1
Totals ..	11	172	183	170	13

Table of Adulterations

No. of Sample		Article	Results of Analysis	Action taken
Informal	Formal			
12	115	Apples	Excess of Copper and lead arsenate	Consignment voluntarily surrendered for destruction on advice of City Analyst. Manufacturer notified and assurance given that labelling would be amended.
19		Apples	Excess of copper and lead arsenate	
26		Almond Ratafias	Incorrectly described	
52		Wurst Delikat	Ingredient inadequately described	Manufacturer notified and agreed to comply with requirements.
54		Sausage rolls	Contained 10.3% meat	Manufacturer agreed to increase meat content.
57		Sea legs	Misleading label	Public Analyst secured manufacturers' agreement to improved labelling.
78		Dried Apricots	Contained grit, straw, ants, unidentifiable greasy filth	Product withdrawn from sale.
92		Chicken Cutlet	Misleading label	Description now altered to "Chicken Croquette"
93a		Bacon	Black spots and streaks	Complainant advised <i>re</i> oxide discoloration.
		Milk	15% deficient in fat 17.7% deficient in solids-not-fat	Health Committee sent warning on account of history of outside interference with deposited churns (unsealed) at dairy.
119		Bread and Butter	Infected with mould	Complainant advised.
158		Meat and Potato Cake ("Hot Dog")	Not more than 5% meat	Retailer advised <i>re</i> misdescription — no standard for "Hot Dog"—further investigation proceeding.
173		Tea	Excessive metallic contamination 5 p.p.m. arsenic, 108 p.p.m. zinc	Further sample taken Genuine—First sample apparently from bottom of box containing dust.

a number of new tenants have reconstructed shop fronts and lay-outs with great advantage to service and appearance. There is still much room for improvement at fish and fruit premises within the Market and it is hoped that this will not be long delayed.

The Oxpens Open Market held weekly on Wednesdays continues to be a popular local rendezvous for bargain hunters. It is reasonably well kept despite certain difficulties and constant vigilance is necessary as to the quality of food materials sold.

The numbers of food shops and stalls at the two markets are as follows:—

Covered Market

Butchers and Bacon Dealers	..	..	..	..	15
Fishmonger and Poulterers	..	..	..	..	7
Fruiterers and Greengrocers	..	..	..	..	15
Confectioners	..	..	..	..	2
Grocers	..	..	..	..	3
Restaurants	..	..	..	..	3
					—
					45
					==

Open Market

Fruiterers and Greengrocers	..	..	..	..	11
Confectioners	..	..	..	..	3
Ice Cream Dealers	..	..	..	..	1
Fishmongers	..	..	..	..	2
Grocers	..	..	..	..	2
Biscuit Stall	..	..	..	..	1
Poulterer	..	..	..	..	1
					—
					21
					==

Fertilisers and Feeding Stuffs Act

6 samples were taken during the year being 4 of Fertilisers and 2 Feeding Stuffs. The samples of Layers Mash, Clays Fertiliser and Sulphate of Ammonia were satisfactory but a sample of Soluble Blood Manure showed a deficiency of 1.14 per cent of nitrogen content. The manufacturers took the necessary steps for stabilising the nitrogen content at 12.5 per cent and this will be shown on all future packs.

A sample of Bone Meal said to have been supplied to a local firm by a National Manufacturer was found deficient in Phosphoric Acid content by 4.27 per cent and the article should have been described as Bone Meal Grade 2. Investigation then showed that there was a probable mix up at the local depot with another grade of Bone Meal from a different source. No further stock was left on another visit to the premises and no further action could be taken other than warning the retailers as to their method of handling in future.

The third unsatisfactory sample of Fertiliser was reported as being 1.13 per cent deficient in nitrogen and having 4.85 per cent deficiency in Soluble Phosphoric Acid. The manufacturers sample was duly analysed by their Analyst and was returned as satisfactory. Subsequently the City Agricultural Analyst reported certain difficulty in his estimation due to dampness, and no further action was taken but arrangements were made for a further sample in due course.